V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Co Co	Registration Dist. No.
Village or City (1990) (If	No. 95 C St., Ward death occurred in a hospital or institution, give its (AME instead of street and number)
Length of residance in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William West	ly elloy.
(a) Residence: No. 195 (Usuel place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Year)
5á. If married, widowed, or divorced HUSBANO of	22. All HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	MULTER EBY CERTIFY. That I attended deceased from
6 DATE OF RIRTH (month, day and year)	I last saw h. 12 alive on May 9 1 121 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, A
5-3 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Julgreulaus Oate of oneet
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Change of Country)	Other Contributory Causes of importance:
13. NAME MILLER THE STATE OF TH	
I 3 / 1 4 / 1 / 1	Name of operation. Data of
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Colonia Kemble	23. ff death was due to external causes (VIOLENCE) fill in also the following:
16 REPTHOLACE (city or town) Brown Wiretto	Accident, suicide, or homicida?Oate of injury
(Stata or country) Co. Co. Go.	Where did injury occur?
17. INFORMANT Chy of Constitution of the Const	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 19:00 Oate 1 04. 14., 19.3	Natura of injury
19. UNOERTAKER TUDE LEST	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Many 13, 1931 Josephe. In a my	(Signed) M. O
	(Address) A Part N Charles Street Baltimore Requesting TUS, No. 1
	County Village or City Length of residance in city or town where death occurred

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 4 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	•	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH hould Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year)death is said 7. AGE If LESS than Years Months Davs to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, may SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spant in this this occupation (month and that occupation Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME Name of operation ____ 14. BIRTHPLACE (city or town). (State or country) efully What test confirmed diagnosis?_ Was there an autousy! MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in elso the following: in car Accident, suicide, or homicide?_____ Date of injury_____ 19____ DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. hould 17. INFORMANT OF (Address) 18. BURIAL, CREMATION Manner of injury USE TION Nature of injury. 24. Was disease or injury in any wey related to occupation of deceased? UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Kequesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1135	4	×	6	1
V		_3	9	7

1. PLACE OF DEATH		23
County Anne Arundel		Registration Dist. No.
Village or City Annapoli		No. 134 Market St., 2 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds
5	ne Crosby Bo	
PERSONAL AND STATISTIC		
3. SEX 4. COLOR OR RACE White	s. SINGLE, MARRIED, WIDO' OR DIVORCED (write the v	
5a. If married widowed, or divorced HUSBAND of (or) WIFE of	Bourser	22. I HEREBY CERTIFY, That I attended deceased from March 5 1931 to May 13 2 1931
6. DATE OF BIRTH (month, day, and year) AU. 7. AGE Years Months 26 8	g. 22 1905 Days If LESS 1 day. or	than I last saw h_ alive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11, Total time (years) spant In this occupation	Pulus ou ong Tu ber en Cons Dither Contributory Causes of Importance:
(State or country) 13. NAME Richard E. Cri 14. BIRTHPLACE (city or town). Maryl. (State or country)	osby	Name of operation Date of What test confirmed diagnosis? May have to The Was there an autopsy? Long
15. MAIDEN NAME Sarah S.St. 16. BIRTHPLACE (city or town)		23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Richard E. C. (Address) Annapolis 18. BURIAL, CREMATION, OR REMOVAL Place Codar Bluff		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER John M. Taylo (Address) Annapolis 1 20. FILED 15, 1931	uc. fry u h	24. Wes disease or injury in any way related to occupation of deceased? The lift so, specify (Signed) Survey Pure M. [(Address) Hunafolis, M.]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example EIVED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset
Chronic interstitial nephritis TIRFATT V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ORD (S)	ACTLY, PHYSI- lassified, Exact	PLACE OF DEATH County anne ansulal Village or City any plan (No. Emerges	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 Ney Hours St.: 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
T	tated EX	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMAGN	ould be st may be pr n back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 26, 198/ (Month) (Day) (Year) T I HEREBY CERTIFY, That I attended the deceased from
OR BIN	ACE sho that it m	8 188/ (Month) (Day) (Year) 7 AGE	May 17 198/ to May 26, 198/, that I last saw h exalive on May 26, 198/,
VED FC	ipplied.	50 yrs. 9 mos. 18 ds. or min.?	The CAUSE OF DEATH * was as follows:
RESER'	refully su In plain t rtant. Se	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durytion) yrs. 9 mos 9 de.
MARGIN	d be ca DEATH ry impo	9 BIRTHPLACE (State or country) Christophi Myd.	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (M. D.
M WITH U	ion shoul	TATHER Julian Brewer II BIRTHPLACE OF FATHER (State or country) Churapoli MA	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ALL'S	Informati state CA CCUPATI	12 MAIDEN NAME Housel J. Hayes. 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos / ds. State yp finos ds.
ITE PL	tem of in should ent of OC	(State or Country) Character Market M	Where was disease contracted, 60 Franklin St. if not at place of death? Former or usual residence Assault foolis Md.
war Writ	CIANS statement	(Address) Carrey La 24	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 29, 193/ 20 UNDERTAKER ADDRESS
6.	. W	Filed 28 1923 Paga C. J Begistrar	16 W. Saratoga St., Balto. Requesting V. S. No. 1. Med

Megistration 2		
2 Ward)	a hospital	occurred in or institu- ts NAME in-

MEDIONE	CERTIFICATE	OI DEATH	
6 DATE OF DEATH	May	26	, 198/
†aa-ta-aaaaaaaaaaa-	(Month)		
May 17	ERTIFY, That I at	Man 2	deceased from
nd that death occurred		d above, at	9 F. m.
Tulsnyn	was as follows:	ambe	Lin
Secondary	(Duration)		
5/ /26193/	(Address)	map	lis, mo
*State the Dises Violent Causes, state Accidental, Suicidal or	ase Causing Death (1) Means of 1 Homicidal.	n, or in d injury and (eaths from 2) Whether
8 LENGTH OF RESII ients or Recent Resid	lents)	ie J	f.mosds
At place If deathyrsmos. Where was disease contract not at place of death?		uslin	Lift.
former or sual residence		// . 1	md.
of General Comments	100 -1	May &	F BURIAL
O HAIDERTAKER	11 /	ADDRESS	0.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the (a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The 6 material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH County Ce Ca County	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 2
v	2FULL NAME Edward & A.	St: Ward) St: Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MAURILL WIDOWEB MOVELLE OR DIVORCED (Write the word) DATE OF BIRTH	16 DATE OF DEATH (Youth) (Day) (Year)
	(Month) (Day) (Year)	that I last saw becautive on May 7 7 1931,
7	AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Change Salanski val Neghnito
0	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Gunna	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
A L	(State or country) Whow	(Signed)
DAG	12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14	(State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Filed May 28 1927/ Common Managery Registry	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS 12 7 St Chuller, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coul minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in Physician, the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the (6) Grocery,

Statement of Cause of Death—Name, first, the Drame EARE (**\USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

American Medical Association.) (secondary or intercurrent) affection measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock;" "Uraemia," "Weakness," etc., when a definite disease Whooping unqualified, is indefinite); Tuberculosis of lungs, mon-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

IUN 4 193

PLACE OF DEATH	05488 STATE OF MARYLAND
	CERTIFICATE OF DEATH
County C. C.	25
hear A	Registration Dist. No.
Village or City (No	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Saml L.	Bully stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Way 8, 1923 (Month) (Day) (Year)
6 DATE OF BIRTH Jan. 25th, 1931	17 HEREBY CERTIFY, That I attended the deceased from 1923 to May 1923
(Month) (Day) (Year)	that I last saw h alive on 1920
7 AGE If LESS than I day. hrs.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	- cause un determinent.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF Richard Burley	(Signed) thank Efficien M. D. May 8 1931 (Address) Surfage Wil
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Wany E. Buttler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Rich. Bruley	Former or usual residence
(Address) 30 th Riggs and Lity lud.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5 9 316.
Filed May 8 1931 Clara Un Hashy	Saml Husley Biddle St.
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ili in Osallimore

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Salesman. Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important Example: Measles (disease approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atie), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., American Medical Association.) or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Carcinoma, chopneumonia (secondary), etc. affection need not be valvular heart Nomenclature Always qualify all The contributory Sarcoma, etc., of ," "Convulsions, Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation, whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1,921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 0 1927	Peritonitis	3 days ago
200			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	Nay 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

05490

1. PLACE OF DEATH		(13h)	
County Anne Arundel		Registration Dist. No. 2	1
Village or City Annapolis	/36	No. 67 Collage Ave. St., 2 death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of rasidence a city or town where death or	curredvrsmos	death occurred in a nospital of institution, give its INAIVIE instead of street andds. How long in U.S. if of foreign birth?m	os ds.
2. FULL NAME. Emily Wid			
(a) Residence No. 67 Collage	Usual place of abode)	St., 2 Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
OR	NGLE, MARRIED, WIDOWED, DIVORCED (write the ward) Nidow	21. DATE OF DEATH May (Month) (Day)	, 193 / (Year)
5a. If married widowed, or divarcad HUSBAND of (ar) WIFE af	? Chase	22. I HEREBY CERTIFY, That I attended May 14, 1931, ta May 15	deceased fram
6. DATE OF BIRTH (manth, day, and year) June	e 24th. 1833	I last saw h - alive an May 15 7 ,193/	.; death is said
7. AGE. Years Months	Days If LESS than	ta have occurred an the date stated above, at	
97 10	1 day,hrs. armin.	The PRINCIPAL CAUSE OF DEATH and related causes af importance were as fallows:	Date of onset
8. Trada, prafessian, ar particular kind of work dane, as SPINNER, SAWYER, BOOKKEEPER, etc	one	Uramia	may Not
9. Industry ar business in which wark was dane, as SILK MILL, SAW MILL, BANK, etc			13,
10. Data deceased last warked at this accupation (manth and year)	11. Tatal time (years) spent in this occupation		
12. BIRTHPLACE (city or tawn) New York (State or cauntry)	City	Other Contributory Causes of importance:	Me want to
13. NAME David Wickham		4 Cr. Sutershhal Welbertes.	41.
14. BIRTHPLACE (city or tawn)	rk City	Name of aperation Date of	1-1/
(State or cauntry)		What test canfirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Emily Hilli:	ary	23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
15. MAIDEN NAME Emily Hilli:	ork City	Accident, suicide, or hamicide? Date of injury	, 19
(State or country) 17. INFORMANT James M. Munr	oe	Where did injury accur? (Specify city or town, county and Sta Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
(Address) Annapolis Md	•		
18. BURIAL, CREMATION, OR REMOVAL	Mars 17th 31	Manner of injury	
Placa Cedar Bluff Date	- May	Nature af injury	L
19. UNDERTAKER John M. Taylor (Address) Annapolis Md.	r	24. Was disease or injury In any way related to occupation of deceased?	up.
20. FILEDREY 16, 19.31 fray	Registrar.	(Signed) John Junes (Address) Humafolis In	M. D.
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

nll	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonilis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Allack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

Registration Dist. No. ... a hospital or Institudon, give its NAME instead of street and humber.) AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE | 5 WIDOWED /MA OR DIVORCED (Day) (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h ex alive on (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs.mos......ds.or....min.? 8 OCCUPATION (a) Trade, profession or particular kind of work...... (b) General nature of industry usiness, or establishment in which employed or (employer) Contributory. 9 BIRTHPLACE (State or country) NAME OF FATHER (Address) ... 11 BIRTHPLACE OF FATHER the Disease Causing Death, or, in deaths from M (State or country Molent Causes, state (1) Means of Injury: and (2) whether 2 Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE OF MOTHER Inthe (State or country) State, yrs. mos.... Where was disease contracted. if not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Registrar if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the worked on may form par' of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant. Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing phater Housemuid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc For many occupations a single word or term on without more precise specification as Day If the occupation has been changed -Coal mine, etc. Wom-As examples: (a) The material

Statement of Cause of Death—Name, first, the pist ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,");

tions answered in detail, it will prevent further correspond-

Ill the lata is essential and must be obtained before

the certificate is permanently filed

diead tram-accident: Revolver wound of head-homicide; quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) If this certificate is locked over thoroughly and all quesary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid-probably suicide. The naand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as can be ascertained as the cause. symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" causing stated unless important. use of "Tumor" for malignant neoplasms); Examples: as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under "Puerpenal schlicaenis." "Puerpenal peritonitis," etc. "Uraemia," "Weelmess." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhausticn," vulsions," (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men of the injury, as fracture of skull, and conse of cause of death approved by of "contributory." (Recommendations on state death), 29 ds.; Bronchopneumonia "Debility" Accidental ("Congenital," "Senile," etc.), drowning; Struck by railway Example: Measles (disease "Heart failure," "Haemor-Always qualify all Committee Measles; (second-(merely not be "Con-

200

STATE OF	MADVI	ND-C	EDTIFIC AT	FOF	DEATH	15.192
STATE OF	MARILA	AIND—C	CERTIFICAT	E OF	DEATH	いっていい

1. PLACE OF DEATH		(/31)
County A. A.		Registration Dist. No. 2
		ND. Vanburen St, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. it of foreign birth? yrs. mos. ds
2. FULL NAME Bessie C	olburn,	
(a) Residence: No. Vanburen	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
T W	SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word I arried	21. DATE OF DEATH 3 0 , 193 f (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of David O. Co	lburn,	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Au	g 12 1888	last saw h L alive on May 29 /193/; death is said
7. AGE Years Months 42	Days If LESS the 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trado, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House Vife	Pr Mehryly Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
TO. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Annapoli (State or country)	s, 1'd.	Other Coutributory Causes of importance:
	S.	
13. NAME Hernan Meyer 14. BIRTHPLACE (city or town) Germa (State or country)		Neme of operation Date of What had applied to a specific and the second discussion and the secon
E 15. MAIDEN NAME Anna Doyle	3	What test confirmed diagnosis? Wes there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Anna Doyle 16. BIRTHPLACE (city or town) Conn (State or country)		Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT David O. Co (Address) Bastport,	lburn,	(Specify city or town, county and State) Specify whether Injory occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff	Date June 1,13	Menner of injury
19. UNDERTAKER E L. Hoppin (Address) Annanolis,	de tour	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D
the set of	Registra	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	.5		
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

	2FU	LL NAME	Ellen (lore
	PERSON	NAL AND STATIST	ICAL PARTICU	LARS
	female	4 COLOR OR RACE White	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	wid
6	DATE OF BIR	тн		
		unkno (Month)		, 1
7 /	age at	out 84	F Marie II	If LES
F		ofession or d of work	nousewife	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a) Trade, proporticular kin b) General no usiness, or e which employ	ofession or d of work ature of industry stablishment in ed or (employer)	nousewife	•••••••
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a) Trade, proporticular kinds) General notations, or evhich employ	ofession or d of work ature of industry stablishment in ed or (employer) untry) Ireland	nousewife	•••••••
() I	a) Trade, practicular kin b) General n usiness, or e vhich employ BIRTHPLACE (State or col 10 NAME O FATHER 11 BIRTHPL OF FATH	ofession or d of work	nousewife	•••••••
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a) Trade, practicular kin b) General n usiness, or e vhich employ BIRTHPLACE (State or col 10 NAME O FATHER 11 BIRTHPL OF FATH	ofession or d of work	nousewife	•••••••

05493

STATE OF MARYLAND CERTIFICATE OF DEATH

St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

	E OF DEATH
16 DATE OF DEATH	
May 28th	, 1931
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I	
May 27th 1931 to Ma	
that I last saw h CTalive on May	27th , 1923I
and that death occurred on the date state	ted above at II 8 a m
The CAUSE OF DEATH * was as follows:	
Lobar pneumonia	

0 1 2 PA T T 1 1 1 2 A 1 0 2 2 A T 1 2 2 2 2 A A A A 2 2 2 2 2 2 2 2 2 2 2	
	a d d way that games are a sea a sea a sea a g a a a mappe o o o o o o o o o o o a a a a a a a a
(Duration)	- wa - mos 3 de
Contributory Senility	
Contributory DOMALLO	
Secondary	
Secondary	
Secondary	
Secondary (Duration) (Signed)	S CLO M. D
(Signed) (Address) Pas	S Cuo M. D
Secondary (Duration) (Signed)	S Cuo M. D
(Signed) (Duration) 5-28 (Address) Pas *State the Disease Causing Dear Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	M. D adena, Md th, or, in deaths from Injury and (2) Whether
(Signed)	M. D. Adena, Md. Adena, Md. th, or, In deaths from Injury and (2) Whether spitals, Institutions, Trans
(Signed)	M. D. Adena, Md. D. Adena, Md. D. Adena, Md. D. Adena, Md. D. M. D.
(Signed)	M. D. Adena, Md. M. D. Adena, Md. M. D. Adena, Md. M. D. M.
Secondary (Signed)	M. D. Adena, Md. D. Adena, Md. D. Adena, Md. D. Adena, Md. D.
Secondary (Duration) (Signed) \$5=28 *State the Disease Causing Dea Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Homicidal of Recent Residents) At place of death yrs ds. Where was disease contracted, if not at place of death? Former or usual residence.	M. D. Adena, Md. D.
(Signed)	M. D. Adena, Md. D. M. D. D. M. D. D. M. D. M. D. D. M. D. M. D. D. M. D. D. M. D. D. M. D.
(Signed)	M. D. Adena, Md. D. Adena, Md. D. Adena, Md. D. Adena, Md. D. M. D.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The queswhatever, write None. gaged in domestic service for wages, as Scrvant, Cook Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer Fe household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Civil engineer, Stationary fireman, etc. But in many report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Architect, Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the histease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic derebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

nietunus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as 'Congenital,' "Senile,' etc.), "Dropsy, Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

193]

Village Stylus Jerrace (No. Constant Name CHARLES COVIN	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 7, 193/
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE Claut los year If LESS than I day hrs. or min.)	nnd that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of induatry business, or establishment in	Duralle (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country Casely Co. Virginia) 1 10 NAME OF	Contributory Secondary Secondary Duration) yes
FATHER ALLIANT II BIRTHPLACE OF FATHER (State or eountry)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address)	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ORDER A Company 8, 193
Filed May (1931 - 1931 Registrar	16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cont. work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DE ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons en-Foreman, (b) Automobile For many yrs). (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor; Architect, For persons who have no occupation occupations a single word or term on factory. The material Locomotive engineer, But in many Grocery; (n.e.

Statement of Cause of Death—Name, first, the pist be a screen and causation), using always the same accept to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pueumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "eontributory." (Recommendations on statement of cause of "Exhaustion," "Heart Indice, "Shock," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERTERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Chronic valvular heart etc. The contributory affection Nomenclature of the need not be discase;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the fortails essential and must be obtained before the certificate is permanently filed.

N. B. WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

CTATE OF MARYLAND CERTIFICATE OF DEATH

05495

1. PLACE OF DEATH COUNTY. WITH COUNTY AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS S. Y. Ward. (1) Month of the County	STATE OF MARTLAND	CERTIFICATE OF DEATH
Village or City Turnel of the Country of the Countr	1. PLACE OF DEATH	
Length of residence in city or town where death occurred yes and sumber) Length of residence in city or town where death occurred yes as Howleage in U. S. if of foreign birth? yes mos. ds. Howleage in U. S. if of foreign birth? yes mos. ds. Howleage in U. S. if of foreign birth? yes mos. ds. Howleage in U. S. if of foreign birth? yes mos. ds. Howleage in U. S. if of foreign birth? yes mos. ds. Howleage in U. S. if of foreign birth? yes mos. ds. Howleage in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. Howleaded in U. S. if of foreign birth? yes mos. ds. if the most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution in U. S. if of foreign birth? yes most distribution	county anne arendal County	Registration Dist. No.
Langth of residence in city or town where earth occurred. (a) Residence: Nb	Village or City Friendship, md	
(a) Residence: ND. Stinder Color of Race Color of Race		
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. OMMELE, MARKED, WHOWERD, Comits the word, OR Dividence of diversely When the word, Owner the word, Or Dividence or diversely When the word, Owner the word, Or Dividence or diversely When the word, Owner the word, Or Dividence or diversely When the word, Owner the word, Owner the word, Or Dividence or diversely When the word, Owner the	2. FULL NAME Christine Creek-	
3. SEX 4. COLOR OR RACE OR DIVENEED (which would be chosened word) OR DIVENEED (which the wor		· St., Ward. If nonresident give city or town and State
So. It married, widowed, et. diversed (Month) (Day) (Month) (Mo	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. IT married, widowed, ex diversely (as) details building buildin	OR DIVORCED (write the word)	hely 11 193 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days IT LESS than I day, hrs. or min. SANYER, BODKKEEPER, etc. SANYER, BODKKEEPER, etc. Some in this occupation (month and year) Some in this occupation (month and year) Some in this Occupation (month and year) Some in this Occupation Other Contributory Causes of importance: What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Menty 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 21. INFORMANT Philip Place Manner of injury Place Manner of injury Nature of inj		(Month) (Day) (Taat)
T. AGE Y wars Months Days If IESS than 1 day. hrs. or mln. 8. Trade, profession, or particular Share of mln. 8. Trade, profession, or particular of mln. 8. Trade profession, or particular of mln. 10 as SPINNER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWTER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWTER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWTER, BODKKEPER, etc. 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURRAL, CREMA/IDN, QR REMDYSIC Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 17. 1931 21. The Principal Cause of the date stated above, at 2. 30 f.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date of newton. 10. Date of country of the principal causes of importance were as follows: 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (city or town). (Sale or country) 13. NAME 14. BIRTHPLACE (city or town). (Sale or country) 15. BIRTHPLACE (city or town). (Sale or country) 16. BIRTHPLACE (city or town). (Sale or country) 17. INFORMANT (Address) 18. BURRAL, CREMA/IDN, QR REMDYSIC Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed). 19. UNDERTAKER (Signed). 19. Undertaken and a sale at a sale	HUODA NO of	
7. AGE Years 9 9 1 1 tESS than to have courted on the date stated above, at 2. 39.m. 8. Trade, profession, or particular sind of work done, as SPINNER, bossing sind of work done, as SPINNER, bossing sind of work done as SPINNER, bossing sind of work was done as SPINNER, bossing sind of work was done as SPINNER, bossing sind sind of work was done as SPINNER, bossing sind sind of work was done as SPINNER, bossing sind sind sind sind sind sind sind sind	S DATE OF DIPTH (month day and year) (11441, 49 1860	I last saw h w alive on may 10 ,1931; death is said
8. Trade, profession, or particular sind of work done, as SPINNER, bouserift 9. Industry or business in which work done as SILK MILL, SAWTER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWTER, BODKKEPER, etc. 10. Date deceased last worked at spent in this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town). A work Aurold bound, (State or country) 23. If A BIRTHPLACE (city or town). A . a . boundy. 24. BIRTHPLACE (city or town). A . a . boundy. 25. If Jan MAME was due to external causes (VIDLENCE) fill in also the following: 26. Accident, suicide, or homicide? Date of injury. 27. INFORMANT Philip bush (State or country) 28. BURIAL, CREMATIDIN, OR REMOVER! Place What I was a way related to occupation of deceased? 19. UNDERTAKER Address) Transdatup and App brase Registers. 19. UNDERTAKER (Address) Transdatup and App brase Registers. 19. Or FILED SIZE A Address App brase Registers. 19. Or FILED SIZE A Address App brase Registers. 10. App brase Registers.		to have occurred on the date stated above, at 2:30 P.m.
8. Trade, profession, or particular kind of work done, as SPINNER, bousewift with of work done, as SPINNER, bousewift with of work done, as SPINNER, bousewift with of work was done, as SILK MILL, SAW MILL, BARK, etc. 9. Industry or business in which work was done, as SILK MILL, BARK, etc. 10. BIRTHPLACE (city or town). Citate or country) 11. Total time (years) spent in this occupation (month and occupation occupation). 12. BIRTHPLACE (city or town). Citate or country) 13. NAME business of importance: 14. BIRTHPLACE (city or town). Citate or country) 15. MAIDEN NAME business of importance: 16. BIRTHPLACE (city or town). 17. INFORMANT business of importance: 18. BURIAL, CREMATION, OR REMOVED Place business of importance: 19. What test confirmed diagnosis? Was there an autopsy? 21. If death was due to external causes (VIDL ENCE) fill in also the following: 22. If death was due to external causes (VIDL ENCE) fill in also the following: 23. If death was due to external causes (VIDL ENCE) fill in also the following: 24. If death was due to external causes (VIDL ENCE) fill in also the following: 25. Poscify or town, country and State) 26. Specify whether injury occur? City or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 4. Was disease or injury in any way related to occupation of deceased? If so, specify. Cigned) 19. UNDERTAKER (Address) App bras Registrar. (Address)		A 11
Second control of the control of t	8 Trade profession or particular	Date or one or
work was done, as SILK MILL, SAM MILL, BARK, etc. 10. Dato deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDYED 19. UNDERTAKER (Address) 19. UNDERTAKE		
12. BIRTHPLACE (city or town). A g. G. Lorentz. 13. NAME Leastington Hall 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME Manually. 16. BIRTHPLACE (city or town). A g. Corentz. 17. INFORMANT Philip Luch (State or country) 18. BURIAL, CREMAJIN, OR REMDYEL 19. UNDERTAKER Robert Wood. 19. UNDERTAKER Robert Wood. 19. UNDERTAKER Robert Wood. 20. FILED 6/12, 1931 W.M. Clayton App breed Registran. 11. Total time (years) specify were supportance: 12. Interpolation Contributory Causes of importance: 12. Activation Country 13. NAME Leasting to work occupation 14. Date of Contributory Causes of importance: 15. MAIDEN NAME Leasting to what test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE. 18. BURIAL, CREMAJIN, OR REMDYEL Place Manner of injury Nature of Injury 19. UNDERTAKER Robert Wood. 19. UNDERTAKER Robert Wood. 19. UNDERTAKER Robert Wood. 20. FILED 6/12, 1931 W.M. Clayton App bread Registran. (Address) Assume and injury in any way related to occupation of deceased? If so, specify. (Signed) Funds C. Hammand L. M. D. (Address) Assume Assum	work was done, as SILK MILL.	
Other Coatribatory Causes of importance: 12. BIRTHPLACE (city or town)	O 10. Dato deceased last worked at this occupation (month and spent in this	
13. NAME Washington . Hull 14. BIRTHPLACE (city or town) Q . Q . County Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? 15. MAIDEN NAME Washington Q . Q . County Accident, suicide, or homicide? Date of injury Date of injury Date of injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	12. BIRTHPLACE (city or town) anne aundil County.	Other Contributory Causes of importance: Articioschioracis
15. MAIDEN NAME Was there an autopsy? What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Was there an autopsy? What test confirmed diagnosis? Was there an autopsy?	13. NAME Washington Hall	
15. MAIDEN NAME Was there an autopsy? What test confirmed diagnosis? Was there an autopsy?	14. BIRTHPLACE (city or town) \ a. a. County	Name af operation
17. INFORMANT Philip Lich (Address) Triendolopo, Ind 18. BURIAL, CREMATION, OR REMOVAL Place Wash Wood. (Address) Triendolopo, Ind Manner of injury Nature of Injury 19. UNDERTAKER (Address) Triendolopo Ind 19. UNDERTAKER (Address) Triendolopo Ind 24. Was disease or injury in any way related to occupation of deceased? 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) Triendolopo (Address) Triendolopo (Signed) Triendolopo (Signed) Triendolopo (Address) M. D. App Instal Registrar. (Address) M. D.	(State of country)	What test confirmed diagnosis? Was there an autopsy?
17. INFORMANT Philip Lich (Address) Triendolopo, Ind 18. BURIAL, CREMATION, OR REMOVAL Place Wash Wood. (Address) Triendolopo, Ind Manner of injury Nature of Injury 19. UNDERTAKER (Address) Triendolopo Ind 19. UNDERTAKER (Address) Triendolopo Ind 24. Was disease or injury in any way related to occupation of deceased? 16. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of Injury 19. UNDERTAKER (Address) Triendolopo (Address) Triendolopo (Signed) Triendolopo (Signed) Triendolopo (Address) M. D. App Instal Registrar. (Address) M. D.	15. MAIDEN NAME Mandy.	23. If death was due to extarnal causes (VIDLENCE) fill in also the following:
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVED Place Wish Water Date 5/13, 1931 19. UNDERTAKER Poblet Wood (Address) 19. UNDERTAKER Problet Wood (Address) 19. UNDERTAKER Removed (Address)	16. BIRTHPLACE (city or town) a. a. Corentz -	
18. BURIAL, CREMATION, OR REMOVAL Place Wilson Wapel Date 3/13, 1931 19. UNDERTAKER Nobelt Wood. (Address) Friendship Ind. 20. FILED 6/12, 1931 Applyzal Registrar. Manner of injury Nature of Injury 19. Was disease or injury in any way related to occupation of deceased? (Signed) Friendship M. D. (Address) Asthuan, M. D.	17. INFORMANT Philip Lich	(Specify city or town, county and State)
(Address) Friendship md. If so, specify. 20. FILED 5/12, 1931 W.A. Clariton (Signed) Emily C. Hamanand M. D. App brief Registrar. (Address) dothian, md	18 BURIAL CREMATION OR REMOVAL	
20. FILED 5/12, 1931 W.A. Clayton (Signed) Enily C. Hammand M. D. Asp brief Registrar. (Address) Lothian, md		24. Was disease or injury in any way related to occupation of deceased?
The state of the s	20. FILED 5/12, 1931 W.A. Clayton	(Signed) Emily C. Hammand, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example IEIVED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis The principal cause of death and related causes follows: 5 1931	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset 1 week ago
Chronic interstitial nephritis TILLATI V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH 3	STATE OF MARY CERTIFICATE OF
Village or City Free Sely No.	Registration Dist. No.
2FULL NAME William	Preek stead numb
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRYED, WIDOWED OF DIVERSED Write the word)	16 DATE OF DEATH May 19 (Month) (Day)
6 DATE OF BIRTH (Month) (Day)	1837 (Year) that last saw h walive on May 10
92 04 ·// Id	ESS than and that death occurred on the date stated above, and the CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Carterioschrasia: 4 years' direction
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER CLEEK	(Signed) 1927 (Address) Cury
OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, of, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents) At place In the State years contracted
(Informant) Lilly Creek	Where was disesse contracted, if not at place of death? Former or usual residence
(Address) Milwell Filed 5/19 193/ My, Clar happy Rep	The word trees
If more blanks are needed, address State	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

05496

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 20
-	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH May 19 , 1976
	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 1927, that last saw h valive on May 1927,
1	and that death occurred on the date stated above, at 1255 m.
	The CAUSE OF DEATH * was as follows:
	anterioschrosis: 4 years direction
-	(Duration)yrs,mosds.
	Contributory Secondary
	(Duration) yrs, mos, ds,
	(Signed) M. D. (Light 1927 (Address) Cur p US)
	*State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrs,mos,ds. In the Stateyrsmesds.
	Where was disesse contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNDERTAKER ADDRESS
	Robert Word. Friendslip.
r	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oestate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, Housenaid, etc. If the occupation has been changed to report specifically the occupations of persons en household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, yrs). Farm laborer, Laborer-Coal mine, etc. Woinwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-(F) The ques-Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('crebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Tuphoid fever (never report "Typhoid Pneumonia");

as fracture of skull; and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on carbolic acid-probably suicide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicusmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, ean be ascertained as the cause. "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (seeondary or intercurrent) Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic etc. affection need valvular Nomenclature The contributory Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

JUN

V. S. No. 1

STATE	OF MA	RYLAND-	CERTIFICATE OF DEATH	497
1. PLACE OF DEATH				,
County Anne Aruno		~=	Registration Dist. No.	2-
Village or City Crowns	rille, N	Isryland	No. St, If death occurred in a hospital or institution, give its NAME instead of street and	Ward Ward
Length of residence in city or town whe	re death occurred.		s. 20 ds How long in U.S. if of foreign birth?	
2. FULL NAME JOHN	I CURRII			0
(a) Residence: No. CROWING	VILLE S (Usual p	BIAID HOSP	IT SL Ward. Baltemore If nonresident give city or town and	Md. d State
PERSONAL AND STATIS	STICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
male d. color or RACE black	OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH May 31st (Month) (Day)	., 193 1 (Year)
5a. If married, widowed, or divotced HUSBAND of (or) WIFE of				. 19 31
6. DATE OF BIRTH (month, day, and year)	1890		Hast saw h im alive on May 31st ,19 3	1; death is said
7. AGE Years Months 41 ?	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated obove, at	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	Labor		General Paralysis of the Insane	Pate di onset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Date deceased last worked at this occupation (month and year)	? 11. To	tal time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Vir	ginia		Other Coutributory Causes of importance: Syphilis	?
🖺 13. NAME Lejheniah	Currie	(dead)		
13. NAME Lejheniah 14. BIRTHPLACE (city or town) (State or country)	Virgin	ia	Name of operation Date of What test confirmed diagnosis? Laboratory Was there an	
置 15. MAIDEN NAME Lucir	nda (Unl	cnown)	23. If death wes due to external causes (VIDLENCE) fill in also the following	
15. MAIDEN NAME Lucir 16. BIRTHPLACE (city er town)	Virgin	ia .	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. INFORMANT Hospital F		Maryland	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PI	
18. BURIAL, CREMATION, OR REMOVAL	B. Date	PS/4 19	Manner of Injury	
19. UNDERTAKER (Address)	ter orle	Ruph Jul _	24. Was disease et injury in any way related to occupation of deceated?	J
20. FILED JUNES 33/5	ROLF	17/2 Registrat.	(Signed) Crownsville, Maryl	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	aci aci
	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, RHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.
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4 4 4	-Every Item of information should be carefully supplied. ACE should be stated EXAC' CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
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	PLACE OF DEATH		STATE OF MARYLAND CERTIFICATE OF DEATH
Vil	lage or City Issue 6	Maryland House (No	Registration Dist. No. St: Ward) St: Ward) A hospital or institution, give its NAME in stead of atreet and number.
	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	Male Colored	5 SINGLE, MARRIED, WIDOWED. Single OR DIVORCED (Write the word)	May (Month) 9 (Day) 1931 (Year)
6 [OATE OF BIRTH	, 1908 h) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 4-1-31 192 to 5-9-31 ,192 that I last saw h1m alive on 5-8-31 ,192
	23 _{yrs} .	mosds. If LESS than 1 dayhrs. ormin.?	and that death occurred on the date stated above, at 2:10 am The CAUSE OF DEATH * was as follows: Chanic Pulmsmany Juleulove.
F # (a) Trade, profession or earticular kind of work	Unknown	<i>V</i>
DO	b) General nature of industry usiness, or establishment in which employed or (employer)	Tinknoum	(Duration) yrs, mosde
9 E	BIRTHPLACE (State or country)	Unknown	Contributory Secondary (Durstion) y18
	10 NAME OF FATHER	Unknown	(Signed)
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Unknown	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	12 MAIDEN NAME OF MOTHER	Unknown	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	Unknown	At place of death yrs 4 mos ds State yrs mos ds Where was disease contracted. Undetermined
14	(Informant) MA-H.	of My knowledge	Former or usual residence 8.2.2 W. Franklin St. Ballimo
	(Address)	m, md	Openy Toll May 9 , 153/
15	Fileday 9th 193/10	ara M Haslup	I Marshall Jesup. Md
	If more bianks ar	e needed, address State Registra	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when necded. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been chapged er," etc., without more precise specification as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuky American Medical Association.) .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in a hospital or instituproperly classi of certificate. tion, give Its NAME Innumber.) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH may be OR DIVORCED pino (Write the word) 6 DATE OF BIRTH ructions that (Month) (Day) (Year) and that death occured on the date stated above. 7 AGE Ilf LESS than I day hrs. The CAUSE OF DEATH min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) E T Contributory 9 BIRTHPLACE Secondary (State or country) ! EA 10 NAME OF FATHER 10 S O 11 BIRTHPLACE information s state CAUSE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER RENT (State or country) 12 MAIDEN NAME A LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHERyıs......ds. of death. 00 (State or country Where was disease contracted, if not at place of death? E P 14 THE ABOVE IS TRUE hoi Former or usual residence. (0) DATE OF BURIAL Every it CIANS stateme 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTA If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill: (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g. Farmer or Planter, cupation is very important, so that the relative health guged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on Furm laborer, Laborer—Coal mine, etc. Wom-nome, who are engaged in the duties of the without more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e. g., sepsis, relaxies) may be stated under the head of "contributory". accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septieaemia," "PUERPERAL peritonilis," etc. "Exhaustion," "Heart lanure, "Old Age," "Shock," "Inanition," "Marasinus," "Old Age," "Shock," 10 ds. Never report mcre symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease approved carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Corcinoma, Sarcoma,, etc., ol Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on Chronie etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions with the correspondence. Althoration is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

should state

	STATE	E OF	MARY	YLAND-	CERTIFICATE OF DEATH 115500	
	1. PLACE OF DEATH				(83)	
	County Anne Art	indel			Registration Dist. No.	
	ounty		sville	State I	Tospital	
	Village or City				No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
	Length of residence In city or town	where death	occurred		. 16 ds. How long In U.S. if of foreign birth?yrsmosds.	
	2. FULL NAME	Samue	1 Elli	S	b	
	(a) Residence: No.	Crown	SVille (Usual place	e State I	O Spital Ward. Ballmore Lity If nonresident give city or town and State	
	PERSONAL AND STA	TISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	male black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married			(write the word)	21. DATE OF DEATH May 24th (Month) (Day) (Year)	
5a	. If married, widowed, or divorced HUSBANO of					
	(or) WIFE of unknown	own			22. HEREBY CERTIFY, That ettended deceased from	
		3.0	0.0		June 8th 1925 to May 24th 1931	
-	DATE OF BIRTH (month, day, and year)		92	1	I last saw h im alive on May 24th , 19 31; death is said	
7.	AGE Years Mon	ths	Days	If LESS than 1 day,hrs.	to have occurred on the date steted above, at. 4:15 An. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
			?	ormin.	were as follows:	
NO	8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc.	R, M	achini	.st	General Paralysis of the ?	
CUPAT	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc					
8	10. Oate deceased last worked et this occupation (month end year)			me (years) tin this pation		
12	2. BIRTHPLACE (city or town)St (State or country)	Lou	is, No). •	Other Contributory Causes of Importance:	
ER	13. NAME Unkr	nown				
FATH	14. BIRTHPLACE (city or town) Unknown (State or country)				Name of operation None Date of +- What test confirmed diagnosis? Wes there an autopsy?	
EB	15. MAIOEN NAME Unki	nown			23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
MOTH	16. BIRTHPLACE (city or town) Unknown (State or country) 17. INFORMANT Hospital Records (Address) Crownsyille, Mar/land			}	Accident, sulcide, or homicide?	
17				nd		
18	B. BURIAL, CREMATION, OR REMOVAL	ela	Sale 3/	Eg 32/	Manner of injury	
	8 A (1)	ule	10	LALL	24. Wes disease or injury in any way related to pocupetian of decessed?	
19	(Address)	itte	U-17.	3/		
-	(Audiess)		501	*	If so, spicify	
20	D. FILED. 19.	- CX	10	10 Dec	(Signed) M. D.	

If more blanks are needed, addies State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ncipal cause of death and related causes rtance were as follows: f epilepsy by street ear	Date of onset 1 week ago 1 week ago
	- "
by street ear	1 week ago
	a wood all
is	3 days ago
<u> </u>	
ontributory causes of importance:	
teritis	1 year
	ontributory causes of importance:

FOR BINDING

MARGIN RESERVED

STATE OF	MARYLAND-	CERTIFICATE O	F DEATH
1. PLACE OF DEATH		93-6	00001
County Anne Arundel			Registration Dist. No.
Village or City Annapolis		No. 18 Randall	St.,] Ward give its NAME instead of street and number)
Length of residence in city or town where death			
2. FULL NAME Annie Ma	y Finkle		
(a) Residence. No. 18 Rands	(Usual place of abode)	St., 1 Ward.	If nonresident give city or town and State
PERSO AL AND STATISTICA	L PARTICULARS	MEDICAL CER	TIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S Female White 5a. If married widowed, or divorced HUSBAND of	ingle, Married, Widowed, R Divorced (write the word) Married	\mathcal{O}	Jonth) (Oay) , 193 (Year)
(or) WIFE of Julius H. Fi	nkle	7	31, to May 14, 1931
6. DATE OF BIRTH (month, day, and year) May 7. AGE Years Months	2rd. 1864 Oays If LESS than 1 day,	to have occurred on the date stated about the PRINCIPAL CAUSE OF DEATH are user as follows:	nd related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. HOU	ise Wife	Myoco	idetis Clismie Date of onset
work was done, as SILK MILL.			
10. Oate deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Annapol (State or country)	s Md.	Other Contributory Causes of importan	
13. NAME William Mitche	1		
14. BIRTHPLACE (city or town) A. A. Co. (State or country)	Md.	Name of operation	
	lev	23. If death wes due to external causes	Was there an autopsy?
15. MAIOEN NAME Annie R. 16. BIRTHPLACE (city or town) A.A. Co (State or country)		Accident, suicide, or homicide?	Date of injury
17. INFORMANT Julius H. Fir (Address) Annapolis	ıkle Md	Specify whether injury occurred in INI	(Specify city or town, county and State) OUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Naval Cemt.		Manner of Injury	
19. UNDERTAKER John M. Tay (Address) Annapolis Md	lor	24. Wes disease or injury In any wey re	etated to occupation of deceased? No
20. FILED Treey 17, 1931 fray	L. C. for u The Registrar.	(Signed) V. (Address) Nou	a. Dispersory, Cuc) uon
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Request	ting U. S. No. 1.

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Example CEIVE	DI	Example II	
The principal cause of death and related causes of importance were as follows: JUN 4 1931 Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	•		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		AND TO WAR	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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to the same

MARGIN RESERVED FOR BINDI

PLACE OF DEATH

Anne Arunde

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	22
	. (1	f death	annumed b

Village or City	Jessup	(No. Mc	L. Hou	se of	Correction
2FULL N	IAME	EMANUEL	GIL	GONZAI	CEZ

a hospitel or institu-tion, give its NAME in-stead of street and number.)

	PERSONAL AN	D STATIST	CAL PARTIC	ULARS
		or or race	5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the word	Single
3 (ATE OF BIRTH		/	
			1/	. 1905
	1	(Month)	(Day)	(Year)
7 A	GE			If LESS than
1	26	yrs.	mosd	or min.
W	CCUPATION a) Trade, profession articular kind of wo	or rk	Unkno	wn
b	o) General nature of usiness, or establishn hich employed or (er	nent in	Unkno	m
E	(State or country)		Mexico	
	10 NAME OF FATHER	Albert	unk	nocen
ARENIS	OF FATHER (State or country)	u	nlenoi	1521)
PARE	12 MAIDEN NAME OF MOTHER		LI	
	13 BIRTHPLACE OF MOTHER (State or Country)		И	
4	(Informant) Re			
	(Address)	1	1 70.1	

MEDICAL	CERTIFICA	TE OF DEA	тн
16 DATE OF DEATH	May 2	1931	, 192

Lay	(Month).	(Day)	193 kYear)
17 I HEREBY CE	RTIFY, That	attended th	e deceased from
may 2	192 (. to		, 192
that I last saw h im all	ive on 5.	-57	192
and that death occurred			
			m,
The CAUSE OF DEATH *	was as follow	#:	
Success?			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
xoll int	Luted	Run	111
The state of the s	MALLEN L	of De State of the	
1	(Durstion)	yrs	ds.
Contributory			
Secondary	000000000000000000000000000000000000000	******************	*************************
0 1	Deration	VI.	dede.
" " FOELLEI	Ko K	1	SALINIAM. D.
(Signed) NOSWA	.hh	2	
5-2-31 192 (A	ddress) & Q	ssur/, I	a. Wellerd
*State the Disease Violent Causes, state Accidental, Suicidal or H	Causing De (1) Means of omicidal.	eath, or, in Injury and	deaths from (2) Whether
IB LENGTH OF RESIDE		ospitals, Inst	itutions, Trans-
ients or Recent Resider			
At place yrs mos.l	3Q. I	Stateyrs.	de,
Where was disease contracted if not at place of death?			1.01.0000000000000000000000000000000000
Former or usual residence	nknown		tra * * 0.000 0.00 00 0 0 0 0 0 0 0 0 0 0 0
19 ALACE OF BURIAL OF	REMOVAL	DATE	OF BURIAL
Votrerriso	Cell	May	A 192/
20 UNDERTAKER	1	ADDRE	SS
Caston & D.	ous,	Volle	ATT Citer.

S. No. 1

CIANS should state CAUS

Every item of CIANS should

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (o) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Foremon, For many occupations a single word or term on especially in industrial employments, it is neces-Farm loborer, Loborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy train Never report mere symptoms or terminal condi-, (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvular heart disease; Always qualify all Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N S I

BINDING

FOR

RESERVED

MARGIN

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	- Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1 CA C 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. 3	July 5,1927	Peritonitis	3 days ago
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1928	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

item of infor-

3. SEX MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of UNANOWN 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of UNANOWN 21. DATE OF DEATH 12. November 18	If nonresident give city or town as TIFICATE OF DEATH Month) (Day) ERTIFY, That I attend May 25th Dove, a8: 30A.m.	and State 1
Cusual place of abode	Month) (Day) ERTIFY, That I attend May 25th Dove, a8: 30A.m., and related causes of Importance	, 193 1 (Year) ded deceased from 19 31 31; death is sa
3. SEX MARRIED, WIDOWED, OR DIVORCED (surfice the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of UMANOWN 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) Other Coatributory Causes of importanged in the standard occupation (month and year) Other Coatributory Causes of importanged in the standard occupation (month and year) Other Coatributory Causes of importanged in the standard occupation (month and year) Other Coatributory Causes of importanged in the standard occupation (month and year)	Month) (Day) ERTIFY, That I attend May 25th ay 25th ove, a8: 30A-m.	, 193 1 (Year) ded deceased from 19 31 31; death is sa
The least of the word of the work of the word of the work was done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SPINNER, saw mill. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) Other Contributory Causes of important of the work of the work was done as SPINNER, spent in this occupation (month and year) Other Contributory Causes of important of the work of the work was done, as SPINNER, spent in this occupation (month and year) Other Contributory Causes of important of the work was done, as SPINNER, spent in this occupation of the work was done, as SPINNER, spent in this occupation (month and year) Other Contributory Causes of important of the work was done, as SPINNER, spent in this occupation of the work was done, as SPINNER, spent in this occupation (month and year) Other Contributory Causes of important of the work was done, as SPINNER, spent in this occupation occupation (month and year)	May 25th ove, a8: 30A.m.	ded deceased from 19 33 31; death is sa
HUSBAND of (or) WIFE of UNANOWN 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays I LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW, etc. 10. Date deceased last worked at this occupation (month and year) Maryland Maryland 22. November 18 1 I last saw h alive on to have occurred on the date stated at The PRINCIPAL CAUSE OF DEATH a were as follows: Pullmonery tubes Other Coatributory Causes of importance of the Coatributory Causes of the Cause of Causes of the Cause of Causes of the Cause of Causes of	may 25th 19 3	31 ; death is sa
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Maryland Other Contributory Causes of importer	may 25th 19 3	31 ; death is sa
7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Mary Land Other Contributory Causes of importar	nd related causes of Importance	Date of ons
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Maryland 12. BIRTHPLACE (city or town)	erculosis	Date of ons
year) Occupation Other Contributory Causes of important 12. BIRTHPLACE (city or town)		
	nce: /	
W 9		
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) UNKNOWN Name of operation Ron (State or country) What test confirmed diagnosis?		of
15. MAIOEN NAME Bessie (Unknown) 16. BIRTHPLACE (city er town) (State or country) Country 17. MAIOEN NAME Bessie (Unknown) Accident, suicide, or homicide?	(VIOLENCE) fill in also the follow	wing:
17. INFORMANT Crown sville, Haryland Specify whether injury occurred in IN	(Specify city or town, county and S OUSTRY, In HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1 44 Aproxi Eschale Moy 31, 1931. Nature of injury	<u></u>	
19. UNDERTAKER / LACTOR 19. UNDERTAKER (Address) 432 4500 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	related to occupation of deceased?	n d

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Example I The principal cause of death and related causes		Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 4 1931	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage REAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

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Example 1 4 1931		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	d. Exact	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
CORB	ated EXACTLY operly classified certificate.	Village or City amalslis (No. 2000) 2FULL NAME Clara Rebucea H	Eldmeyers St.: Ward) Orlon (If denth occurred in a hospitel or institution, give its NAME instead of number.)
	operi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
INDING	hould be state may be proon back of	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WILLOW WIDOWED, OR DIVORCED (Write the word)	Month) (Day) (Year). 17 VHERELY CERTIFY, That Vettended the deceased from
R BII	sh tit	(Month) (Day) (Year)	that I ast saw has alive on 5/4/3 1192,
YED FOI	iled. ACE ms so than nstruction	76 yrs. 8 mos. 10 ds. or min.?	and that double occurred on the date stated above, at
ESERV INK	efully supp in plain ter tant. See i	occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer).	(Durston)
MARGIN RE UNFADING	be car EATH I	9 BIRTHPLACE (State or country) amafolis Ind	Contributory Secondary (Durtion) yrs mos ds.
MAR WITH UNI	should SE OF D	11 BIRTHPLACE OF FATHER (State or country) OF FATHER OF FATHER	(Signed)
LALLY	d state CAUS	12 MAIDEN NAME OF MOTHER Pachel Snowden 13 BIRTHPLACE OF MOTHER (State or Country) amaje ohis and	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
WRITE P	item of S shoul ment of	(Informant) Ruchel Horlon Stepmen	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
S. No. 1	BEvery i CIANS statem	(Address) 7 OT Eldurygers OWN 15 Filedway / 7 1923/ Registrar	National Ceml - May 18, 1931 EH Braker 47 Washington
DYT)	Z	If more bianks are neded, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Dr Malony

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taker state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon, (b) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc whatever, write None. tired 6 business, that fact may be indicated thus; Former or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a, nature of the husiness or industry, and therefore an tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a r," etc., Foreman, first line will be sufficient, e. g., Former or Planter or At Home, and children, not gainfully em-For many occupations a single word or term or yrs). Form loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railwoy trainuse of "Tumor" for malignant neoplasms); Measles; approved by Committee on tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic etc. valvular heart Nomenclature The contributory Always qualify all disease of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in stead of street and PERSONAL AND STATISTICAL PARTIQULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 16 DATE OF DEATH 4 COLOR OR RACE may be n back WIDOWED OR DIVORCED (Month) 7, 2 (Day) // 3 Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH that (Day) (Year) and that death occurred on the date stated above, at IIf LESS than 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) (arllan Contributory Secondary 9 BIRTHPLACE (State or country DA (Duration) 10 NAME OF OB (Signed) FATHER 3 1 O 11 BIRTHPLACE *State the Discase Causing Death, or, in OF FATHER Causes, state (1) Means of Injury and (2) Whether RENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER State ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER (State or Country) Where was disease contracted, if not at place of dea.h?.... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE shoul ent of Former or usual residence. Every it CIANS stateme 20 UNDERTAKER If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDI

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on without more precise specification as Day mill; (a) Salesman. -Coal mine, etc. Wom-Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease American Medical Association.) approved by Committee on carbolic acid-probably suicide. The n. ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

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has been changed or given up on account of the DISpersons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occumation "Dealer," etc., without more precise specification, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. Women at home, who are engaged in the duties indicated thus: Farmer (retired, 6 yrs.). For persons of illness. If retired from business, that fact may be EASE CAUSING DEATH, state occupation at beginning of the household only (not paid Housekeepers who Foreman, (b) Automobile factory. The material worked on may form part of the second statement. dustry, and therefore an additional line is pro-vided for the latter statement; it should be used man, etc. But in many cases, especially industrial employments, it is necessary to know (a) the kind of who have no occupation whatever, write None. be taken to report specifically the occupations of fully employed, as At school or At home. Care should wife, Housework or At home, and children, not gainreceive a definite salary) may be entered as House-Never return "Laborer," "Foreman," "Manager," work and also (b) the nature of the business or in-Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireword or term on the first line will be sufficient, e. g., respective of age. For many occupations a single The question healthfulness occupation is very important, so that the relative Statement of Occupation.—Precise statement of when needed. As examples: (a) Spinner, Cotton mill; (a) Salesman, (b) Grocery; (a) applies to each and every person, irof various pursuits can be known.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin

statement of cause of death approved by Committee sequences (e. g. sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough, on Nomenclature of the American Medical Associasulting from child birth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State phy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be as-Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As themia," "Anæmia," (merely symptomatic), "Atrotion. nature of the injury, as fracture of skull, and conamples: Accidental drowning; Struck by railway train ably such, if impossible to determine definitely. cause for which surgical operation was undertaken. certained as the cause. Always qualify all diseases renephritis, etc. The contributory (secondary or inter-Chronic valvular heart disease; Chronic interstitial Poisoned fy as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as prob-For VIOLENT DEATHS state MEANS OF INJURY and qualicurrent) affection need not be stated unless important accident; Revolver wound of by carbolic acid-probably suicide. head-homicide;

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN

SUREAU V.S.

WRITE PL

m

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Tyrus level (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 26, 193/
May 26, 1931 (Nogth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192, to
7 AGE If LESS than I day hrs. or min.?	
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos ds. Contributory Secondary
11 BIRTHPLACE OF FATHER TO STATE OF FATHER	(Signed) (Address) Washington, in deaths from
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE?	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
(Address) Lyons Creek vol	19 PLACE OF BURIAL/OR REMOVAL DATE OF BURIAL Some of the Steel May 7 15

If more branks are needed, addre . s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coat manu, etc. wounden at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, whatever, write None. business, that fact may be indicated thus; Farmer ," etc., Foreman, especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wonnwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on 6 Grocery, (70

Strtement of Cause of Death—Name, first, the Disable Cause of Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death "letanus) may be stated under the head of "contributory." American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Mcasles (disease earbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic valvular heart disease; nephrilis, etc. The contributory Nomenclature of the

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V. S. No. 1

PLACE OF DEATH	05511 STATE OF MARYLAND
County arme arundel	(73) CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Changeilis (No. Cemerger 2FELL NAME Cellett	St.: 2 Ward) (If death occurred is a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married, Married, Widowed, Wildowed, (Write the word)	16 DATE OF DEATH MAY 94, 1931. (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	192 to
7 AGE If LESS than	and that death occurred on the date stated above, atm
36 yrs. 6 mos. 6 ds. or min.	
(a) Trade, profession or particular kind of work	Verdick of Juris
(b) General nature of industry business, or establishment in	Homissal Charlin yie mos de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Menso solo	Secondary (Durstion) yrs
10 NAME OF FATHER Samuel Kissel	(Signed) John W. Auderson Justie of the Ruse M. I actigas continues bunglates, Wel
OF FATHER (State or country) Humesola	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TO MAIDEN NAME OF MOTHER Mules	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the State yrs
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
CO - IV	Former or usual residence
(Informant) Clega Issel (Address) Glendale Pri Geo. Co	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WALL 10, 193
15 - There a wall back a free his	20 UNDERTAKER ADDRESS
Filed 1920/ Registrar	Clarence Torevere Witchellavel
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death crident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia, ""Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Measles;

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1931

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 05512

County Anne Art				,
Contiff	undel		Registration Dist. No.	>/
Vinage of Oity			death occurred in a hospital or institution, give its NAME instead of street and 20. ds. How long in U.S. if of foreign birth?	
	Wm. F. Lan Baltimore,	Maryland	St., Ward.	16
PERSONAL AND S	the second second second	place of abode)	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d Stale
3. SEX 4. COLOR OR black	RACE 5. SINGLE, OR DIVO	MARRIED, WIDOWED, DRCED (write the word) known	21. DATE OF DEATH May 29th (Month) (Day)	, 193 1 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	7079	1.0	July 9th 1915 to May 29th 19 2	h , 19 31
59	Months Days	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at4 Pe_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particula kind of work done, as SPI SAWYER, BODKKEEPER, e 9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	inner, tcUnkno	WA	Acute exhaustion due to mental disease	?
10. Date deceased last worked at this occupation (month enc year)	t 11. T	otal time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Marylan	d	Other Contributory Causes of importance: Dementia Praecox-Hebephreni	0 ?
13. NAME	Unknown	у .		
13. NAME 14. BIRTHPLACE (city or town)			Name of operation Date of	
(State of country)	Unknown		What test confirmed diagnosis? Wes there en	autopsy?
16. BIRTHPLACE (city or town)	Jnknown Unknow	n	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17 INFORMANT HOS	oital Reco		Where did Injury occur? (Specify city or town, county and St Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ate) LACE,
18. BURIAL, CREMATION, OR REMOV		13/3/19	Manner of Injury	
19. UNDERTAKER D- RG. (Address) 20. FILED 14 - 13 - 34 - 1	Winteros	le Perph	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signest) (Address) Cl'Ownsville, Maryl	 ОСЗм. г

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Language de la companya de la compan			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05513
CountyA. • A.	Registration Dist. No.
	No. Charles St, Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Louise W. Tinthicum, (a) Residence: No. 144 Charles (Usual place of abode)	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 28 , 193 1 (Mohth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Was dead wishersto across 19
6. DATE OF BIRTH (month, day, end yeer) Aug 31 1878	I last saw h alive on about, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, School Teacher SAWYER, BOOKKEEPER, etc.	Chronia Myocardiles
9. Industry or business in which work was dome, es SILK MILL, SAW MILL, BANK, etc	Occation anknown Jeaco
this occupation (month and a y 27/31 spant in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) A. A. CONTY (State or country)	
13. NAME Joshup Linthicum	
14. BIRTHPLACE (city or town) A. A. County (State or country)	Name of operation
15. MAIDEN NAME Bliza C. White	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) A. A. County (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Urs Geo H. Hopkins, (Address) Annapoils, Ja.	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Pluff Date May 30 , 19 1	Manner of injury
19. UNDERTAKER B L Hopping. (Address) Annapolis, ra.	24. Was disease er injury in any way releted to occupation of deceased? NO
20. FILED May 30, 1931 Joseph C. Joseph C. Registrar.	(Signed) Wallau /T / of Man M. D. (Address) Lemaster My

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	9.211 -22 1341 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREARY	July 5,1927	Peritonitis	3 days ago
1		1 1		
Other contributory causes	s of importance:	9	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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0)	Y, PHY
	SORD	plain terms so that it may be properly classified. Exact
1	INKTHIS IS A PERMANNT I SORD	stated F
DNIO	IA	d be
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SERVED FOR BINDING	-THIS	pplied
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PLACE	OF DEATH
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Anne Arundel

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21

	tyElvaton_		gbill War	tion, give its NAME in stead of street and
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
male	4 color or race white	5 SINGLE, MARRIED, WIDOWEDD. OR DIVORCED (Write the word)	16 DATE OF DEATH MAY (Month)	
6 DATE OF B		25th , 1931 (Day) (Year)	17 I HEREBY CERTIFY, That I a	, 192
7 AGE	yrs.	If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:	
particular k (b) General business, or which empl BIRTHPLAC (State or	nature of industry establishment in oyed or (employer) E country) MC		Secondary	yrs
Ш	Herman Loo PLACE THER or country) Md	cingbill	*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	adena, Md.
12 MAIDE OF MO 13 BIRTH OF MO (State	THER Mildred	Reusing	18 LENGTH OF RESIDENCE (For Hosients or Recent Residents) At place Ingression of death was disease contracted,	the stateyrsmosds
(Informa	,	eusing lersville, Md.	if not at place of death?	

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., additional line is provided for the latter statement; it cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer Treor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womknow without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the DISSER CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); American Medical Association.) taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Committee on Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

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RESERV

(Approved by U. S. ('ensus and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home, (are should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; if nature of the business or industry, and therefore an business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may er," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Whatever, write None. Housemaid, etc. to report specifically the occ. pations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques Statement of Occupation - Precise statement of oc For many occupations a single word or term on For persons who have no occupation If the occupation has been changed be entered as Housewife, House--Coal mine, etc. Wom-As examples: (a) second statement.

Bit terment of Cause of Death—Name, first, the distract causing death—(the primary affection with respect to time and causation), using always the same accounted term for the same disease. Examples: Corolrospinal fever (the only definite synonym is "Epidemic corolrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid pneumonia.")

Oment of cause of death approved by Committee Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" causing death). 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as rhage," "Juanition." "Marasmus," "Old Age." "Shock," (name origin; "Cancer" is less definite; avoid myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; State cause for which surgical operation was under-"PUERPREAL septicaemia.""PUERPERAL peritonitis," etc. "Uraemia," "Weakness." ctc., when a definite disease "Dropsy." "Exhaustion," "Heart failure." "Haemorvulsions." Chronic interstitial nephritis, etc. The contributory inqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) cough; Never report mere symptoms or terminal Chronic valvulur heart (Recommendations on state-Struck by railway Measles; (second-(disease (merely

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JUN 4 193

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of conset
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Arteriosclerosis Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY
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	05518	
PLACE OF DEATH	STATE OF MARYLAND	
County June Municel Cruity	CERTIFICATE OF DEATH	
(A)	Registration Dist. No. 2	
- Mindalina Parl		
2FULL NAME DO AND	St.: Ward) (If death occurred is a hospited or institution, give itse NAME in stead of street on number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH POR 1 / MALE 3/	
Transle of fite wide with the word	(Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I ettended the deceased from	
Mail 2911 1848	may 1st 1931. 10 may 19, 193/	
(Month) (Day) (Year)	that I last aw her alive on mar 18, 1981	
7 AGE [If LESS than	and that death occurred on the date stated above, atm	
09 - 2/ I day_hrs.		
yrs. mos. ds. or min.?	Fracture of Humens: patient fell	
OCCUPATION (a) Trade, profession or	out of led. questo.	
particular kind of work	Carrie moterstit il Mules	
(b) General nature of industry		
business, or establishment in which employed or (employer)	(Duretion) yee, moe de de	
9 BIRTHPLACE	Contributory	
(State or county)	Secondary	
I 10 NAME OF	e(Duration) yes mos de	
FATHER What Meddletas	(Signed) M. D	
() 11 BIRTHPLACE	Many A 1921 (Addres) 48/ S. Tenning in a	
C (State or country)	State the Disease Causing Death, or, in death from	
State or country) of Market	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
4 of Mother Manual Regist	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans	
13 EIRTHPLACE	ients or Recent Residents)	
OF MOTHER SOLD I want hard	At place of deathyrsmosds. In the Stateyrsmosds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or	
(Informant) /MNN NeesMal V	ususl residence	
(Address) 1/4-3-2w/sorlywalk	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15 Filed 5/20/3/ 192 Ida M. It hitron (1)	ADDRESS ADDRESS ADDRESS	
Registrar	U. I figuret, OD W. Bullet	
If more branks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.		

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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(Recommendations on statement of cause of death approved inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railroay trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmio," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all " Uraemia, "Inanition," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature "Weakness," Chronic ," etc., when a definite disease Example: Mcasles (disease affection need not be etc. valvular heort diseose; The contributory " "Convulsions, Measles;

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permanently filed

6

(Approved by U. S. Census and American Fublic Health Association.)

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Chronic unerstitudi nepuratis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 0, 1021	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

Village or City

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05521
EATH	92-20
se Grundel	Registration Dist. No. 22
Cedenton	No. QU # / St., Ward
in city or tow where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Haw long in U.S. if of foreign birth?
Someth Sin	of Munheael
PII	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE OR DIVORCED (write the word) Market M	21. DATE OF DEATH (Nonth) (Day) (Year)
Countle J. Donaldson	22. HEREBY CERTIFY, That i attended deceased from
day, and year) anil 11 1867	Hast saw have alive on 3/1/ 1931; death is said
Months Deys If LESS than	to heve occurred on the date stated above, at/143 /m.
l day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
or particular one, es SPINNER,	Endocadhis, 1921
SS In which	Mysesystes ausuffuny
as SILK MILL, NK, etc	fururous.
worked at (month and spent in this color occupation are left	7
Baltura in land	Other Contributory Causes of importance:
	600000
mul S. mushead	
or town) Educations my 1 Scolle	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Ass
ut 1- Desruy	23. If death was due to external causes (VIOLENCE) fill in also the following:
or town) . U . U	Accident, suicide, or homicide?
arion Muchad	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
DR REMOVAL US Date May 13, 1981	Manner of injury
loyd Maiser	24. Was disease or injury in any way releted to occupation of deceased? 240
Caurel and.	If so, specify 10 by Wayner
131 9 L. 4 ones	(Signed) M, D
Defry Hocal Registrar.	(Address) (AMA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, nill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUN 6 393	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	N. O. D.	July5,1927	Peritonitis	3 days ago	
	L				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

V. S. No. 1

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	By Every Item of information should be carefully supplied. ACE should be state	CIANS should state CAUSE OF DEATH in plain terms so that it may be prop	statement of OCCUPATION is very important. See instructions on back of ce
	ery	AR	ate
1	M	Ö	Ste
1	1		
-	003		

'n		115522	
	PLACE OF DEATH	STATE OF MARY	LAND &
1	County aa,	(186-a) CERTIFICATE OF	
	7 //	Registration Dist. No.	20 %
	Village or City tank (Mo.	a hosp	ath occurred in ital or institu
	2FULL NAME Charles E M	stead number	of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIODMED. OR DIVORCED Write the word)	16 DATE OF DEATH	, 19 2 /
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended th	
	OCT (1909		192
1	(Month) (Day) (Year)	that I last saw h alive on	, 192
	7 AGE 2/ yrs. 7 mos. de or min.?	The CAUSE OF DEATH * was as follows:	238P
	B OCCUPATION — mos ormin.	majority of the	fell overs
1	(a) Trade, profession or farmer	trofy while write-preaded warf	R.
V	(b) General nature of industry business, or establishment in	(Duration) / yts.	
	Owhich employed or (employer)	Contributory Court	mos
	9 BIRTHPLACE (State or country)	Secondary (Duration)	
	10 NAME OF FATHER HOMES W Whilen	(Signed) Que H War	M. D
and and	11 BIRTHPLACE	May 8 1934 (Address) Occur p	Med
	OF FATHER (State or country)	State the Disease Causing Death, or in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal.	deaths from (2) Whether
	of MOTHER Jewellia Cook	18 LENGTH OF RESIDENCE (For Hospitals, Inst	titutions, Trans
	13 BIRTHPLACE OF MOTHER	At place In the State was State was	,
	(State or Country)	Where was disease contracted,	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
	(Informant) Sleaving W Muller	19 PLASE OF BURIAL OR REMOVAL DATE	OF BURIAL
	(Address) Multicl		lay 10, 13 1
1	Filed May 9 1931 M. Clay by	20 UNDERTAKER JOSEPH JOSEPH JOSEPH	delix
	If more bianks are needed, address State Registrar	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	True
11			-

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE GAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Famer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coat mine, etc. woun-en at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The materia r," etc., For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the single word or term on (b) Grocery

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicecenta," "PUERPERAL pertionitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valualar heart disease; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease etc. Nomenclature The contributory Always qualify all

If this certificate is looked over thoroughly and all questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

1933

3

STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			23)
County Ennengrun	del Cou	nty	Registration Dist. No. 31
Village or City Crown	sville !	State Ho:	Spi Moe 1 St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
length of residence in city or town where	death nemicred	(16 1 wrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)
70 - 7	ttie Naj		OA . Wand
(a) Residence: No. B81	(Usual place		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
female black	5. SINGLE, MARI OR DIVORCED W1. COW	(qurite the word)	21. DATE OF DEATH May 24th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown			22. I HEREBY CERTIFY. That I attended deceased from April 29th 1930, to May 24th 1931
S DATE OF BIRTH (month day and year)	1885		last saw her alive on May 24th 19 31 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 7: 45A.m.
46 ?	?	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, protession, or particular kind of work done, as SPINNER. Domestic SAWYER, BOOKKEEPER, etc. 9. Industry or business in which			Pulmonary tuberculosis Date of one of
work was done, es SILK MILL, SAW MILL, BANK, etc.			
10. Dete deceased last worked at this occupation (month and year)	11. Total ti spen occu	me (years) It in this pation	
12. BIRTHPLACE (city or town) M9 (State or country)	ryland		Other Contributory Causes of importance:
置 13. NAME Benjam	in Navlo	r	
13. NAME Benjam 14. BIRTHPLACE (city or town) W (State or country)		~~~~	Name of operation None Date of
(otate of tourity)	IInknown)	What test confirmed diagnosis? Phy-si-cal
15. MAIDEN NAME Susie (Unknown) 16. BIRTHPLACE (city or town) Maryland (State or country)			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Hospital Records (Address) Crownsville, Maryland			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 5/29 19/			Manner of injury
19. UNDERTAKER AND THE WAY	when !	inf.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 0/14 3/6 5 00 00 00 00 00 00 00 00 00 00 00 00 0			(Signed) Crownsville Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	UN 4 3003	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RTREATVS	July 5, 1927	Peritonitis	3 days ago
		-		1.0
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

STATE OF	MARYLAND-CERTIFICATE OF DEAT	H 05524

1. PLACE OF DEATH	1. 1		71
County Cenne	mindi	Registration Dist. N	0. —6
Village or City + Co	dyride	No	St., Ward
Length of residence in city or town where o	//	death occurred in a hospital or institution, give its NAME instead ds. How long in U.S. if of foreign birth?	
1 /	1 1. 76	,	
2. FULL NAME) nich.		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city	or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF	
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May	9 193 1
5a. If married, widowed, or divorced	angle	(Month) (D	ay) (Year)
HUSBAND of (or) WIFE of	V	22. I HEREBY CERTIFY, Tha	t I attended deceased from
6. DATE OF BIRTH (month, day, and year)	4.19.1931		, 19; death is said
7. AGE Years Months	Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, atm The PRINCIPAL CAUSE OF DEATH and related causes of imp	
8. Trade, profession, or particular	l ormin.	wera as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		A -0.4.4	
9. Industry or business in which	1 1	(t) Ufon	
work was done, as SILK MILL, SAW MILL, BANK, atc			
this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	elypede, lug-		
E 13. NAME Baenell	hick.		
13. NAME Barrell 14. BIRTHPLACE (city or town)	object, and.	Name of operation	Oate of
(Stata or country)	sheff grow of c.	What test confirmed diagnosis?	
15. MAIDEN NAME warg	wit Humas	23. If death was due to external causes (VIOLENCE) fill in also	the following:
15. MAIDEN NAME wag 16. BIRTHPLACE (city or town) (State or country)	dyride, Ind	Accident, suicide, or homicide? Date of	njury
(State or country)	7	Where did injury occur?	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
17. INFORMANT Margaret Nico	k	(Specify city or town, c Specify whether injury occurred In INOUSTRY, in HOME, or	ounty and State) n PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	100	Manner of injury	
Placa Level Clivelery	Date May 20, 1931	Natura of Injury	
19. UNDERTAKER Mariou /	nek	24. Was disease or Injury In any way related to occupation of	
20. FILED May 19, 1936 &	Sent Registrar	(Signed) Finily C. Han	mond M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of desof importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUN 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAUV	July5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

	PLACE OF DEATH ?	(15525	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vil	2FULL NAME Time R. Muture	el ,	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MED	CAL CERTIFICATE OF DEATH
3 9	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEAT	(Month) (Day) (Year)
6	DATE OF BIRTH May 8, 1852 (Month) (Day) (Year)	apr 10	BY CERTIFY, That I attended the deceased from 1930, to May 193, 193, 192,
8 0	If LESS than I day hrs. or min.?	and that death oc	curred on the date stated above, at 1/30 Am.
9 E	O) General nature of industry usiness, or establishment in which employed or (employer)		(Durstion) 5 yrs. mos. ds.
PARENT	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Md	18 LENGTH OF ients or Recent At place of deathyrs	In the State yrs. tree. ds.
14	(Informant) Mrs. Slayer Proutf (Address) There Best OF MY KNOWLEDGE (Address) There Best OF MY KNOWLEDGE (Address) Player Proutf Filed May 23 1921 M. Clayfor Reg Wild Registrar	Sriendss 20 UNDERTAKER B 2 Ho	pping and address ampoles and
	If more branks are needed, address State Registrat	, 16 W. Saratoga St	., Balto. / Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, I state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scroon, Cook, Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Furmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, 6 yrs). or At Home, and children, not gainfully emp-For many occupations a single word or term on Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary firemon, etc. But in many (b) Automobile factory. The material (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('ercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid Pneumonia"):

taken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Examples: Accidental drowning; Struck by railway trainsuccident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n.ture of the injury, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease felanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. approved by Committee on can be ascertained as the cause. "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of Recommendations on statement of cause of death (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid ongenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory valvular heart Nomenclature Always qualify all disease; " etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

M sor	PLACE OF DEATH
Si	County Anne Arundel

05526

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2I

Villag		Johnsontown LL NAME (St			St.: Ward	i) (If death occurred in a hospital or Institu- tion, give its NAME is- stead of street and number.)
	PERSON	NAL AND STATISTI	CAL PARTICULA	ARS	MEDICAL CERTIFICATE	OF DEATH
	female negro 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)				16 DATE OF DEATH MAY (Month)	
May 12th , 1 931			1 93I	17 I HEREBY CERTIFY, That I at	tended the deceased from	
(Month) (Day) (Year) 7 AGE If LESS than I day				LESS than	The CAUSE OF DEATH * was as follows:	d above, atm.
part (b) busi	Trade, pricular kin General names, or e	ofession or d of workature of industry stablishment in			Stillbirth (Duration)	
9 BIR	THPLACE State or cou	Md.			Secondary (Duration)	
	10 NAME OF FATHER Allen Kimel				(Signed)	lect M.D.
OF FATHER (State or country) Md				*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
OF MOTHER Evelyn Parker				7, 1	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Md.				At place In the of death	ateyrsmosds.	
		IS TRUE TO THE BEST		GE	if not at place of death? Former or usual residence	
	(Informant) Allen Kimel (Address) Pasadena, Md.				19 PLACE OF BURIAL OR REMOVAL Magothy Cemetery	5-13-3 I 19
15 Filed 5-12 192/ 7-a. Begistrar				Julius Parker	Pasadena, Md.	

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealwhatever, write None. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by (Recommendations on statement of cause of death inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid tetants) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping cough; Chronic "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on etc. The contributory valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and a'l questions a hawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN(

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. cupation is very important, so that the relative healther," etc., without more precise specification as Duy laborer, Form loborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Plunter, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, Housenoid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physicium, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation Automobile factory. The material Locomoliic (b) engineer, Grocery;

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diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart tanue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," when a definite disease stated unless important. inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uruemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway trointaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi . 'name origin; "Cancer" is less definite; avoid for malignant neoplasms); Chronic and consequences (e g., sepsis, Example: Measles (disease etc. The valvular heart disease; Nomenclature of the contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and ment he obtained before the certificate is permanently filed.

BUREAU V. S.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example It []		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis F F F V S.	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

OF	DEATH	15531

A. PLACE OF DEATH			92-0	
County Anne Arundel	L		Registration Dist. No.	
Village or City Crownsvi		(If	ta No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number) 12 ds. How long in U.S. if of loreign birth? yrs. mos. ds.	
			and the state of t	
	NIEL PIT rcester		Md St., Ward. If nonresident give city or town and State	
	The Control of the Co			
3. SEX 4. COLOR OR RACE		RED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
male black		(write the word)	May 5th (Day) (Year)	
5a. II merried, widowed, or divorced HUSBAND of (or) WIFE of	-		22. I HEREBY CERTIFY, That I ettended deceased from April 23 ,19 31, to May 5th ,19 31	
6. DATE OF BIRTH (month, day, and year)	1851		I last saw him alive on May 5th 1931 : death is sald	
7. AGE Years Months ?	Days	If LESS than 1 day, hrs. ormin.	to have occurred on the dete stated above, a 6 • 15P ent. The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	None		Mitral Insufficiency	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc			- 1	
10. Date deceased last worked at this occupation (month end yaar)	II. Total ti span oesu	ma (yaars) ht in this pation?		
12. BIRTHPLACE (city or town)	Land		Other Coutributory Causes of importance:	
🖺 13. NAME Unknown				
HE 13. NAME UNKNOWN 14. BIRTHPLACE (city or town) Ur (State or country)	nknown		Name of operation Date of What test confirmed diagnosis? Was there en autopsy?	
IS. MAIDEN NAME	Inlenown		23. Il death was dua to external causes (VIOL ENCE) fill in elso the Iollowing:	
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (Stete or country)			Accident, suicida, or homicide? Dete ef injury, 19	
17. INFORMANT Hospital Records (Address) Crownsville, Maryland			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Berlin md 1938			Manner of Injury.	
19. UNDERTAKER & HIBI Jarker (Addrass) 47 Washington 51			24. Was disease or injury in any way related to occupation of deceased? NO	
9. , 00	yac. J	Registrar.	(Signad) Crownsville, Maryland	

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

V. S. No. 1

5 A 1. PLACE OF DEATH	E OF	MARY	LAND-	CERTIFICATE OF DEATH
0	me a	riend	el -	Registration Dist, No.
Village or City	well.	me	1	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or toy	vn where death oc	curred	yrsmos	
2. FULL NAME	Rebec	ca	Pratt-	(hills)-
(a) Residence: No.	Jul	Javal place o	f abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND ST	ATISTICAL	PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR R	OP.		(write the word)	21. DATE OF DEATH Month (Day) (Year)
5a. If married, widowed, or divorced				
HUSBAND of (or) WIFE ol				22. I HEREBY CERTIFY, That I attended deceased from April 17 19 31, to May 6 19 31
6. DATE OF BIRTH (month, day, and ye	ar) Dec. 2	7.19	20	I last saw h W alive on May 6 ,1931; death is said
	ionths	Days	If LESS than	to have occurred on the date stated above, at 7. Jo Pm.
11 4	+	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, etc.	INER, Sul	'int-		Typelius feren
9. Industry or business in which work was done, as SILK MI SAW MILL, BANK, etc				
10. Data deceased last worked at this occupation (month and year)			na (years) t în this pation	
12. BIRTHPLACE (city or town) (State or country)	ine A	run	le L Co	Other Contributory Causes of importance:
13. NAME alle	to boile	1 -		
13. NAME Allow 14. BIRTHPLACE (city or town)	9.9	Com	the hola	Name of operation
(State of country)	, 0	0 ~	4	Whet test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME	itel	rial	<u>r.</u>	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	a.a.	Coun	9	Accident, suicide, or homicide?
17. INFORMANT Hadys Need				Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL				Manner of injury
19. UNDERTAKER Parel 1906			1	Nature of Injury
(Address)	unds	hip ,	Hed	If so, specify & trick
20. FILED May 74, 1931		11.	Lay In.	(Signed) Ling C. Hammond, M. D. (Address) Lottian, but
//	If more blanks		7-	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BURRAU V.S.	1		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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WRITE PLOYL WITH UNFADING INK-THIS IS A PERM NT CORD	Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PROTANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. I statement of OCCUPATION is very important. See instructions on back of certificate.
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T	TOE
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1PLACE	E OF DEATH		95532 STATE OF MARYLAND		
County Anne Arundel				CERTIFICATE OF DEATH	
				istration Dist. No. 27	
	JLL NAME		St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH		
No.	NAL AND STATISTI				
3 SEX Female	4 COLOR OR RACE	SSINGLE, MARRIED, Single WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MAY		
6 DATE OF BI	RTH		17 I HEREBY CERTIFY,	That I attended the deceased from	
	August (Month)	27th , 1930 (Day) (Year)	Dead when first seen by the undersigne		
7 AGE	0 yrs. 8	lf LESS the I dayh nos19ds. ormin	The CAUSE OF DEATH * was as i		
(b) General in business, or	orofession or nd of work nature of industry establishment in oyed or (employer)	I _{nfant}	Contributory Acidosis.	ation) == yrs. 8 mos. 19 ds.	
9 BIRTHPLACE (State or country) District of Columbia 10 NAME OF FATHER Frank Rains			(Signed)	OLMES, Major, M.C., M.D.	
In .	HER or country) Kentu	cky	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
T 12 MAIDE		erson		or Hospitals, Institutions, Trans-	
13 BIRTHPLACE OF MOTHER (State or Country) Maryland			At place of death	In the Stateyrsnosds.	
(1	e is true to the best or Frank Rai		Where was disease confidence, if not at place of dea.h?		
(Informan	dress) Ft. George		Post Cemetery, Ft. George G. Meade,	Md.	
Filed May	y 18 19231.	Stor Vally.	20 UNDERTAKER None	ADDRESS	

H. H. BAILY, Col. Registrat. NOIS

If more banks are needed, address tate negistrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, a state occupation at beginning of illness. If retired from (1) geged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Foreman, (b) Automobile fuctory. The inaterial report specifically the occupations of persons enengineer, Stationary fireman, etc. But in many For many occupations a single word or term on without more precise specification as For persons who have no occupation Locomotive engineer, 9 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same accept pneumonia, Bronchopneumonia ("Pneumonia,

> "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Thronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

It this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 16304
1. PLACE OF DEATH	82-2
County A.	Registration Dist. No. 20
Village or City Down of the	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs3mos.	
2. FULL NAME demon Teid	
(a) Residence: No. Davison, ille	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. STREET, MARRIED, WIDOWED.	21. DATE OF DEATH
M nego married (write the word)	(Month) (Day) (Year)
HUSBAND of Callie Peico	22. A HEREBY CERTIFY that I attended deceased from 1931 to 1931.
DATE OF BIRTH (month, day, and year) Fig. 15 1880	Hast saw here alive on afore (30 7, 1931; death is said
AGF. Years Months Days If LESS than 1 day	to have occurred on the date stated above, at
31 2 16 or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER fearm lobor SAWYER, BDDKKEEPER, etc.	Chich a X Clin worshope 20 18 31
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked allowed this occupation (stands and place) spant in this year)	4 - 4 - 2 - 4 - 2 - 4 - 4 - 4 - 4 - 4 -
2. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country)	
13. NAME We Xandet Veed	
14. BIRTHPLACE (city or town) U 1 (State or country)	What test confirmed diagnosis confirmed diagnosis confirmed diagnosis confirmed diagnosis confirmed was there an autopsyllone.
15. MAIDEN NAME I da, Vers -	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Callie Callie Marielle Mo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL -	Manner of injury
Place Down 1931.	Nature of injury
9. UNDERTAKER LAS COLOMBIAN (Address) Edgewater	24. Was disease or injury in any way related to occupation of deceased?
O. FILED may 2 , 1931 M. Lucket I gethand	(Signed) 1 Anest me Hayto - M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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	エイル	Exa	,
	4	· p	/
	Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifled. Exact	
/	O	888	.0
	EXA	CO	Ical
	pe	erl	rtif
	tat	rop	f ce
	96	d e	K O
	id	ay b	acl
	TO	E	n t
	Sh	t it	18 0
	ACE	tha	tior
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	ddn	ter	96
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	full	d	ant.
	are	T in	orte
	0 0	ATA	mp
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	Sh	E C	8
	ion	AUS	0
	nat	ò	AT
	orn	ate	U.D.
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	em	sho	nt
	1 1	S	me
	Ver	IAN	etatement of OCCUPATION is very important. See instructions on back of certificate.
	W	O	00

PLA	CE	OF	DEATH
ounty	Ar	ine.	Arundel



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22

Vil			om pamp		OI COFFECTION St.: Ward)	a hospital or institu- tion, give its NAME in- stead of street and number.)
==	PERSO	NAL AND STATIST	ICAL PARTICU	LARS	MEDICAL CERTIFICATE O	F DEATH
	Male	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single	May 5, 1931 May (Month) 4	
6	DATE OF BI	RTH Lin (Month)	benown (Day)	, 1.878 (Year)	17 I HEREBY CERTIFY, That I atte 4-29-31 192 to 5-4 that I last saw h 1m alive on 5-4-3	ended the deceased from 1-31 , 192 , ,
7 /	AGE	53 yrs.	mosds.	If LESS than I day hrs. or min.?	and that death occurred on the date atated The CAUSE OF DEATH * was as follows:	
(F	articular ki	profession or and of work	Unknown	***************************************	dirigit	
È	usiness, or	nature of industry establishment in oyed or (employer)	Unknown	····	(Duration)	
9 !	(State or co		Unknown		Contributory Secondary (Durstion)	
	10 NAME		Unknown		(Signed) JeReng Wing	М. Д.
ENTS	11 BIRTHP OF FAT (State		Unknown		*State the Disease Causing Death, Violent Causes, state (1) Mesns of Inj Accidental, Suicidal or Homicidal.	or. In deaths from
PARE	12 MAIDE OF MOT		Unknown		18 LENGTH OF RESIDENCE (For Hospit	
	13 BIRTHE OF MOT (State of		Unknown		At place of death yrs mos. 8 ds. In the	
14		at) Md. Hot	OF MY KNOWL	EDGE	Where was disease contracted, if not at place of death?	
1		dress) Jessu	4		19 PLACE OF BURIAL OR REMOVAL	May 5 , 1991
15	Filed Man	15 193/ LOL	lasy malo	aslub Registrar	20 UNDENTAKER	Lisus-Md
_		If more branks are	needed, address S	tate Registra	, 16 W. Saratoga St., Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report household only (not paid Housekeepers who receive a whatever, write None. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesspecifically the occupations of persons en-(b) Automobile factory. The material For persons who have no occupation Salesman. 6 Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," Chronic interstitial nephritis, Whooping Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; ongenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory Always qualify all Measles;

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V. S. No. 1

PLACE OF DEATH	05535 STATE OF MARYLAND
County a a	© CERTIFICATE OF DEATH
	Registration Dist. No. 21
Village or City Homewood (No	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (May 22, 198/
6 DATE OF BIRTH May 11, 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Man 22 1923/ to Man 22, 192/ that I last saw have on Tulbern May 22 196/
7 AGE	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country). 13 BIRTHPLACE OF MOTHER (State or Country). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Harolf. F. Reynolds (Address) Hambourd a a complete of the country of the countr	Contributory Secondary (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (
If more branks are needed, address State Registrar	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farme state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, (qold Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully andefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—cont mine, etc. wonhousehold only (not paid Housekeepers who receive a " etc., report specifically the occupations of persons Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Automobile factory. The material Locomoline engineer, 9 The ques-Grocery; Day en

Statement of Cause of Death—Name, first, the DISPEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the time and causation), using always the same accepted the time and causation), using always the same accepted the time and causation), using always the same accepted the time and causation) is the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typheid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,");

accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The n ture of the injury, Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL **epticuemiu," "PUERPERAL perilonitis," etc. American Medical Association. approved by Committee on telanus) may be stated under the head of "contributory." "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. (secondar; or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Chronie Example: Measles (disease etc. valvular heart disease Nomenclature The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVED FOR BINDING

V. S. No. 1

(Address)

STATE	OF MARY	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			
County Anne Arund	el	~ 0 ± - 0 m v = = + + 0 0 = = = = = = =	Registration Dist. No.
Village or City Annapol	is		No. Emergency Hospital St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
London of confidence in city, or town who	as doubt assumed		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
		yrsnios	s
_	Revera		
(a) Residence: No. EMET	gency Hos (Usual place of	DIVAL of abode)	St., Ward. 2 If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX ale 4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED Singl	(write the word)	21. DATE OF DEATH May - 13 - 193 (Month) (Day) (Year)
5a. If marriéd, widowed, or diverced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That I attended deceased from May 13, 1931, to May 13, 1931
6. DATE OF BIRTH (month, day, and year)	May 13th.	1931	I last saw h. A elive on, 19; death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
		ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	27		J-tot-hotel
SAWYER, BOOKKEEPER, etc 9. Industry or business in which	None		- That
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Data deceased last worked at this occupation (month and year)	11. Total tip spen occu	me (years) t in this pation	
12. BIRTHPLACE (city or town)Anna] (State or country)	olis Md.		Other Contributory Causes of importance:
1	7.070		
T			Throt
14. BIRTHPLACE (city or town) PO] (State or country)	LOU RIGO		Name of operation Date of
# 15. MAIDEN NAME Carmen	Revers		What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Carmen 16. BIRTHPLACE (city or town) PQI (State or country)			Accident, suicide, or homicide?
17. INFORMANT Juan Rever			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Naval Cemeter		14th1931	Manner of injury
is uppervised. John M. Te	vlon		24. Was disease or injury in any way related to occupation of daceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

f so, specify (Signed) See buth certificate for change in sex

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ExampleICEIVE	D	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset 1 week age	
Chronic interstitial nephritis BIIR FAII	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	CERTIF	FICATE	OF	DEAT
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1. PLACE OF		ando 3		40	5 1		
County	Anne Aru			Registration Dist. No.	//		
Village or Cit	y Grownsvi	116 218	te Hospit	St, St No. St, Geath occurred in a hospital or institution, give its NAME instead of street and p	ward		
Length of resid	ence in city or town where		yrs 6 mos	ds. How long in U.S. if of foreign birth?			
2. FULL NAM	ie Hannah	Robins	on	n 1			
(a) Residence	e: No. Crowns	Ville Si (Usual place	tate Hosp	itsil Ward. Saltemore Cit	State		
PERSON	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
. sexemale	4. COLOR OR RACE	5. SINGLE, MAI OR DIVORCI	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH 20th (Month) (Day)	, 193 1 (Year)		
a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced	aleno	evy	22. I HEREBY CERTIFY, That I attended to tober 29 15 to May 30th			
DATE OF BIRTH (n	nonth, day, and year)			Hast saw her alive on May 20th 1931	; death is sai		
AGE Years	1	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	,		
8. Trade, profess kind of wo SAWYER.	ion, or particular ork done, as SPINNER, BOOKKEEPER, etc.	Laundi		Cerebral arteriosclerosis	Date of onse		
9. Industry or b							
	l last worked at ation (month and	Spa	time (years) ent in this cupation				
12. BIRTHPLACE (city or town) Margland (State or country)				Other Contributory Causes of Importance:	?		
13. NAME	Jnknewn			•			
13. NAME	(010) 01 101111/	known		Name of operation			
1		2	11 7	What test confirmed diagnosis?			
15. MAIDEN NAM	(city er town)	Unknow	vn	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
	Tospital Re Crownsvil		land	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
8. BURIAL, CREMATI				Manner of injury Nature of injury			
9. UNDERTAKER 20. (Address) / 7	20 achlors	leit.	sollen his	24. Was disease or injury in any way related to occupation of deceased?	0		
20. FILED . 24. Q.	A	Boy,	Registron	(Address) Crownsville, Maryle	nde M.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		Example I	-
d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	of death and related causes follows:	The principal cause of of importance were as
1 week ago	Attack of cpilepsy	1915	JUN 4 1931	Arteriosclerosis
1 week ago	Run over by street car	1921	hritis	Chronic interstitial neph
3 days ago	Peritonitis	July 5, 1927	RUPEAU V.S.	Cerebral hemorrhage
0	Other contributory causes of importance:		auses of importance:	Other contributory car
1 year	Gastroenteritis	May 1,1923		Gallstones
:		May 1,1923	Other centributory causes of importance: Gallstones	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mitted October 29, Died May 20, 1931

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PLACE OF DEATH	15516 STATE OF MARYLAND
County/lust- brunchel.	CERTIFICATE OF DEATH
	Registration Dist, No. 22
Village or City Lucely No. W.L.	St: Ward) (If death occurred in a hospitul or institution, give its NAME in
2FULL NAME COOK YOU	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 5 - 2 % , 193 (Month) 2 % (Day) 8 / (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
3. (, 1451	192 % to 3 - 28 - , 192 /
(Month) (Day) (Year)	that I last saw h Man alive on 2 2 192 (
7 AGE If LESS than	The state of the s
% o vrs. 2 mos. 2 % ds. or min?	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	and
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs mos d ds
which employed or (employer)	2.//: 1. /. 1-15/5 / 1/
9 BIRTHPLACE (State or country)	Contributory Decondary
mo ,	arleno - Allhama (Duration) 7 yro mos de
10 NAME OF FATHER Pools. R. M.	(Signed) of Juan With Jey M. D.
OF FATHER	9 20 3 192 (Address) 303 4 1 100
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mache.	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
(Informant) Mrs Q. E. Brown	Former or usual residence
(Address) amazolis get mf.	Fast New Warket, Ul. 5 38 3 15
Filed May 28 1931 Olars In Haship	Howard Willoughby East New Warket
	r, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ef Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Doy laborer, Form laborer, Laborer-Coal mine, etc. Womwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Fornier (rc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement Civil engineer, Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (o) Salesmon, Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary freman, etc. But in many Automobile foctory. The material Locomotive engineer, (6) Grocery;

fever (the only definite synonym is "Epidemia cerebro-Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same dise se. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disinal menin itis"); Dinhlheria (avoid use of "Croup pneumonia, Bronchopneumonia ("Pneumonia,

> st_ted unless important. (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar) or intercurrent) affection need not be st-ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencorbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuky State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy." "Collapse, Never report mere symptoms or terminal condi-," "Coma," "Convulsions,

Answered in detail, it will prevent further correspondence. All the chuta is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and a'l questions

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County R-a. County	Registration Dist. No. 2
Village or City Elvaton and	No. St. Ward
/ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tright Dehops	
(a) Residence: No. (Syaton Mull (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white OR DIVORCED (write the word)	(Month) (Day) (Yeer)
Sa. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That lattended decessed from
(or) WIFE of Barbara Schopf	Cepuil 193/ to May 10 181
6. DATE OF BIRTH (month, day, and yeer) May 25. 1860	I last aw here elive on May 18 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at #//m.
70 5 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	3 011, NO 2 0
SAWYER, BOOKKEEPER, etc	Sound Sullar pleas fephiles Ledy
work was done, as SILK MILL, SAW MILL, BANK, etc	Men Sdrede ! H
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lemmany	a o may
(State or country)	Circles humarhage &g
13. NAME Frank Schopp	
(Stete or country)	Name of operation
15. MAIDEN NAME Onnkown	What test confirmed diagnosis? Wes there an autopsylls 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Lugary	Where did injury occur?
17. INFORMANT Mrs hatherine Coligny	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mt Clavet Date May . W 1931	Nature of injury
19. UNDERTAKER William Cook	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) 1217 St Youl	If so, specify
20 FILED My 22 1938 Jam Day 102	(Signed) Mr. Delegante M. D
Regissed.	(Kodress) Bear Bear

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory eauses of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

xact.	1	1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
T T W		County 4. 4.	Registration Dist. No.
tated EXACTLY reportly classified		FUEL NAME Letter a. Schwer	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Stated proper		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SMANNEN Uld be sing be properties	5	Will COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Monfh) (Day) , 192 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
- L 45 = C	9	DATE OF BIRTH Tubusur, 1	that I last shw is Asselive on Miles 1 1, 1924
THIS IS A pilled ACE ms so that	Tanual I	AGE (Month) (Day) (Venr) If LESS than I dayhrs.	The CAUSE OF DEATH is was as follows:
RESERVED FADING INK se carefully sup		(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). (BIRTIPLACE (State or country)	Contributory Secondary
WARGIN WITH UN	ALION IS Very	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) (Address) (Address) (Address) (Signed) (Address) (Address
WRITE P	io iue	(State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant Chief Consort	Where was disease contracted, if not at place of death? Former or usual residence. 19 MACE OF BURIAL, OR TEMOVAL DATE OF BURIAL.
F. BEV	n	Filed knay 19 1923 Fryle. In en Med Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Ceusus and American Public Health Association.)

gaged in Comestic service for wages, as Scrvant, Cook, Spinner. (b) Cotton mill; (a) Salesman. (b) Grocery. additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter tion applie, to each and every person, irre-pective of fulness of various parsnits can be known. The ques cupation is very important, so that the relative health business, that fact may be indicated that: Farmer (fre state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At "chool or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer: Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material should be used only when needed. sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fromen, etc. But Physician, Compositor. Architect, Locomotive engineer whatever, write None. Statement of Occupation - Precise statement of oe etc. For many occupations a single word or ferm on specially in industrial employments, it is necesor At Home, and children, not gainfully em-1.8.11 without more precise specification as Day For persous who have no occupation -Coal mine, etc. Wom-As examples: (a) in many

EASE CAULING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the came disease. Examples: Cercbrosping fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diplothera (avoid use of "Croup")[1] Typhoid fever (never report "Typhoid pneumonia"). Lobar pneumonia, Broachopneumonia ("Pneumonia").

symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; anger, peritonacam, etc., Carcinoma, Sarcoma, etc., of head of "contributory." quences (e. g., sopsis, tefanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Dropsy." "Exhaustion." "Heart failure." "Haemor Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid inqualified, is indefinite); Tuberculosis of lungs, men-Nonlenclature of the American Medical Association. men Poisoned by carbolic acid-probably suicide. The natruin-accident: Revolver wound of head-homicide; "Purperal septicaemia." "Puerperal portionitis," etc. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsious." (secondary or intercurrent) Whooping cough; Examples: State cause of cause of death approved by For "Debility" ("Congenital," "Senile," etc.) Accidental drowning; Struck by railroay for which surgleal operation was under-VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal Chronic valvalar heart discase; (Recommendations on stateaffection "Апастіа" The coutributory "Coma," "Con-Committee on need not be (disease (second-(merely

If this certificate is looked over thoroughly and all questions auswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4 1931

12, 405, 05, 25, 25, 25, 25, 25, 25, 25, 25, 25, 2	05539
PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	1/00
Village or City Amabolia (No. 59	Registration Dist. No. St.: Ward) Ward) (If death occurred a hospital or institution, give its NAME is stend of street as
2FUEL NAME	stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from May 24 1924, to may 27, 1927
(Month) (Day) (Year) 7 AGE If LESS than day hrs. day or min.?	The CAUSE OF DEATH * was as follows:
s OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry (business, or establishment in	On (Duretion) Dyre mos
which employed or (employer)	Contributory of tishing the selenosis of Secondary (Optration)
FATHER STATE	(Signed)
Z (State or country) I 2 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the State yrs mos mos state yrs mos mos state yrs mos mos mos mos mos mos mos mos mos mo
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Addresa), 35 Tanmandants 28	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5/3(, 193)
Filedhay 29 1923 1 fray 6 C frag & Registrar	20 UNDERTAKER 26 RANDRESS 26 RANDRESS 26 RANDRESS 26 RANDRESS 26 RANDRESS 27 RANDRESS 28 RANDRESS 29 RANDRESS 20 R

MARGIN RESERVED FOR BINDING

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on American Medical Association.) State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data to essential and must be obtained before the certificate is permanently filed.

7 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I			Example II	
The principal cause of importance were	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of anset
Arteriosclerosis	- 11W 1 1921	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg		1921	Run over by street car	1 week ago
Cerebral hemorrhage	807547 3	July 5, 1927	Peritonitis	3 days ago
	grow for Mr			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
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ccn 13 BIRTHPLACE 00 = of TO OF MY KNOWLEDGE shoi ent (Informant) Every it CIANS stateme

Zenal residence 19 PLACE OF BURIADOR REMOVAL

Where was disease contracted,

if not at place of death?

of death ...

Former or

ADDRESS

State..... yrs.....mos....

20 UNDERTAKER

.... yrs....... mos...... ds.

DATE OF BURIA

Filed J

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Lo. 9

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as true laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the tired 6 yrs). Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a Civil engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Solesman, (b) For persons who have no occupation (b) Automobile Stationary fireman, etc. foctory. The material But in many Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croun"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar gneumonia. Bronchopneumonia ("Pneumonia"; ")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease inges, peritonacum, etc., Corcinoma, Sorcoma, tetanus) may be stated under the head of "contributory." carbolic acid—probably suncide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsus, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discare (secondary or Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-'Inanition, " "Marasmus, (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY intercurrent) affection need not be Chronic " " Old Age, etc. volvular heart disease; The contributory " Shock," etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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/	WRITE PLACY, WITH UNFADING INK-THIS IS A PERMANNT CORB	Statement of OCCUPATION is very important. See instructions on back of certificate.
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	- 1 - 1 1 5 5 4 2
PLACE OF DEATH	STATE OF MARYLAND
County Anne Arundel	CERTIFICATE OF DEATH
	Registration Dist. No. 2I
Village or City Solley (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED. WIDOWED, OR DIVORCED MATT (Write the word)	ied May 19th, 1931 (Month) (Day) (Year)
November 16th , 187	17 I HEREBY CERTIFY, That I attended the deceased from
55 yrs. 6 mos. 3 ds. or a laborer (a) Trade, profession or particular kind of work (b) General nature of industry	hrs. The CAUSE OF DEATH * was as follows:
	Contributory Chranic myocarditis & parer chymatous nephritis (Duration) yre mos 4 de.
10 NAME OF FATHER Tollef Steen	(Signed) Z. a. C. L. M. D. 5-19 1931 (Address) Pasadena, Md.
OF FATHER NOTWAY (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of mother Helen ?	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) NOTWAY	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Sine Steen	if not at place of death?
(Address) Solley, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 5-23 , 19 31
15 Filed 5-19 102/ 2. a. & bin Registra	20 UNDERTAKER ADDRESS

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more province, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The materia sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, whatever, write None. For many occupations a especially in industrial employments, it is necessingle word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropay," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

			OF MAR	YLAND-	CERTIFICATE OF DEATH	54.3
1.	PLACE OF DEAT		3.07		7	7
County Anne Arundel					Registration Dist. No.	
	Village or City Cr	ownsvi	Lie, Ma	ryland	No. St, death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence In cit	y or town where	deeth occurred	7	ds. How long in U. S. if of foreign birth?	
2.	FULL NAME A	NDER SO	N STOKE	S	-0	
	(a) Residence: Np. C			ate Hospi	tast. Ward. Talkat (our	1
	(a) Residence. No.		(Usual plac		If nonresident give city or town an	d State
	PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	V
3. SE	ale 4.colo	R OR RACE CK	5. SINGLE, MA OR DIVORC Sing	RRIED, WIDOWED, ED (write the word) Le	21. DATE OF DEATH May 30th (Month) (Day)	, 193 1 (Year)
- 1	married, widowed, or diver	rced			22. HEREBY CERTIFY, That I attended	
	(or) WIFE of				April 30th 19 31 to May 30th	
D.A.	TE OF BIRTH (month, day	end year)	1856		Hast saw him alive on May 30th 1931	
7. AG		Months	Days	II LESS than	to heve occurred on the date stated above, at 2 P. m.	
	75?	?	?	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
- Chillian	8. Trade, prolession, or pa kind of work done, a SAWYER, BOOKKEE! 9. Industry or business in work was done, as S SAW MILL, BANK, e	rticular as SPtNNER, PER, etc which ILK MILL,	Unkn	own	General Arteriosclerosis	?
	O. Date deceased last work this occupation (monyear)	ked at ith end	11. Total sp	time (years) ent in this supetion		
12. B	IRTHPLACE (city or town). (State or country)	Mar	vland		Other Contributory Causes of importance: Senility	?
1	3. NAME	Unki	nown			
1	4. BIRTHPLACE (city or to	wn)		nown	Name of operation Date of	
1	(State or country)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Whet test confirmed diagnosis? Wes there an	
1	5. MAIDEN NAME	Unl	known		23. Il death was due to external causes (VIOL ENCE) fill in also the following	ng:
1	6. BIRTHPLACE (city er to (Stete or country)	wn)	Un	known	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17. IN		ital R	ecords.	land	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ate) LACE,
18. BI	Place		Date 6/3	/02/ 19	Manner of injury	
19. U	NDERTAKER (Address)	alest.	words !	enfh ud	24. Was disease or injury in any way related to occupation of deceased.	
20. FI	LED JUNE 3, 1	A (8)	Stoll o	Registrar.	(Signed) (Address) GROWNSVIILE, NEW 1-8	nd

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

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Example T	1	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

1. PLACE O					97)		7040
County	Anne					Registration Dist. No	1
					death occurred in a hospital or institu	St, tion, give its NAME instead of street ar f foreign birth?yrs.	
2. FULL NA	ME	Jar	ne Thoma	S			
(a) Residen	ce: No.	Nev	Warket (Usual place	Maryla:	nd_st., Ward.	If nonresident give city or town	and State
PERSON	AL AND S	TATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DEATH	
female	d. color or black	RACE	S. SINGLE, MAN	RRIED, WIDOWED, ED (rurite the word)	21. DATE OF DEATH	(Month) (Day)	. 193 31 (Year)
a. If married, widow HUSBAND of	ed, or divorcad				22. I HEREBY	CERTIFY. That I attend	ad deceased from
(or) WIFE of			cnown		November 15	19 30, to May 7th May 7th 19 3	1931
. AGE Yea		Months	± (Days	If LESS than	to have occurred on tha date state		, 40011113 3411
8	34	?	?	1 day,hrs.		H and related causes of importance	
8. Trade, profe kind of y SAWYER,	ssion, or particula vork done, as SPI , BOOKKEEPER, e	NNER,	Housev		Cerebral Arte	riosclerosis	Date of onset
9 Industry or	business in which s done, as SILK M LL, BANK, etc						
10. Date decoas this occu	ed last worked at pation (month and		11. Total	time (years) ent in this upation?			
2. BIRTHPLACE (ci		Mar	ryland		Other Contributory Causes of impo	ortance:	
13. NAME	Geor	oe Pi	rettyman	n		4	
			Maryl			Date o	
15. MAIDEN NA	ME	Hatti	ie (Unk	nown)		uses (VIOLENCE) fill In also the follow	
	(city ar town)					Data ef injury	
17. INFORMANT HOSpital Records (Address) Grownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL Place New Kondow-Md. Date May 10 9, 1931 19. UNDERTAKER A. E. Falconer. (Addrass) New Market And					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		State) PLACE.
					Manner of injury		
					24. Was disease or injury in any w	ray related to occupation of deceasad?	
					(Signed) Merry	Grownsville,	COUZM. D

CENTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RESERVED

MARGIN

tructions

PLACE OF DEATH (210 County PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE WIDOWED. OR DIVORCED Write the word) 6 DATE OF BIRTH (Year) (Month) IIf LESS than 7 AGE I day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER ENT (State or country) 12 MAIDEN NAME

tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from that I last saw h alive on 192 and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Contributory Secondary (Duration) *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place Where was disesse contracted, if not at place of death? usual residence.

STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in

a hospital or institu-

DATE OF BURIAL

Registration Dist. No.

Ward)

OF MOTHER

13 BIRTHPLACE

OF MOTHER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. Census and American Public Health Association.)

work, Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (0) nature of the business or industry, and therefore an Civil engineer, Stationory fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, (b) Cotton mill; (a) without more precise specification as Doy For persons who have no occupation Laborer-Coal mine, etc. Wom-Salesman, (4) Grocery;

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Jaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely Examples: Accidental drowning; Struck by railway troin— American Medical Association. approved by Committee on Nomenclature Recommendations on statement of cause of lelonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, use of "Tumor" for malignant neoplasms); Meosles; carbolic acid-probably suicide. Then ture of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentaken. For violent deaths state means of injury State cause for which surgical operation was under-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvulor heart disease, etc. The contributory

If this certificate is looked over thoroughly and a'l qu ations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Rarmer (retired 6 yrs). For persons who have no occupation definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptate determ for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

carbolic acid-probably suicide. The n-ture of the injury, tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; acaident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL peritonilis," etc. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1931

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11

PLACE OF DEATH	STATE OF MARYLAND
County ame am de	CERTIFICATE OF DEATH
	Registration Dist. No. 250
Village or City Green och (No. 2FULL NAME Inc	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH May 1,93/ (Mog(h) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 1987 to May 1, 1923, that I last saw has alive on May 1, 1984,
7 AGE If LESS than 1 day 6 hrs. yra. moa. da. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in	(Duration) yrs mos de
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) Justimes mosds
10 NAME OF Thomas Leve Incher	(Signed) (Overdy Spesser M. D. May 18 1981 (Address) Wefer 14 address
OF FATHER (State or country) 12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Unine Virginia Ward 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) / homas Len I incher	Former or usual residence
(Address) Guenock md	May 18 19 PLACE OF BURIAL OR REMOVAL May 18 1931
Filed May 18th 1921 M. Clayto, Registras	In Hardisly Seleville.
If more bianks are needed, addre a state Kegistra	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1. Md

TO B H H

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, definite salary), may be entered as Housewife, House, laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. tired 6 business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

or as probably such, if impossible to determine definitely. (Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid - probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Chronic interstitial nephritis, "Atrophy." "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; "" "Weakness," etc., when a definite disease or intercurrent) affection need not be ss important. Example: Measles (disease Chronic valvular heart disease; nephritis, etc. The contributory " "Coma, Nomenclature of the " "Convulsions,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

certificate.

See instructions

very important.

1. PLACE O

County

STA	TE C	F MAR	YLAND-	CERT	IFICATE	OF D	EATH	U55	19
F DEATH					<u> </u>				
Anne	Arun	del				Registra	tion Dist. No	7	/
city CROWI	NSVIL	LE STAT	EHOS PITAI					St. Ward	
dence in city or t	town where o	leath occurred 1	7yrs11mos	.10 ds.	How long In U.S.	if of foreign birt	n?yrs	mos.	ds.
ME	CA	THERINE	TURNER						
ice: No	Howar	d Count;		St.,	Ward.	If nonre	sident give city or	town and Si	ate
IAL AND STATISTICAL PARTICULARS				MEDICAL	CERTIFIC	ATE OF DE	ATH		
	black 5. Single, Married, Widowed, or Divorced (write the word) married		21. DAT	E OF DEATH		đ (Day)		193	
ved, or divorced	wn			22. Mov	I HEREI	BYCERT	fFY, That I	attended de	
(month, day, and	year) A	bout 80	years ol	d last saw l	er alive on.	May 3	rd	19_31;	death is said
0?	Months Unkn	Days	If LESS than f day,hrs.	No.	curred on the dete s			177	D. A
ssion, or particul work done, as SP	jormin.			Cere	bral Re	teriosc	lerosis		Date of onset

Village or C Length of resi 2. FULL NA (a) Residen PERSON 3. SEX female 5a. If married, widow HUGBAND of 6. DATE OF BIRTH 7. AGE 8. Trade, profe SAWYER, BODKKEEPER, etc... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... Unknown 1D. Date deceased last worked et 11. Total time (years) spent in this this occupation (month and occupation ... Other Contributory Causes of importance: Maryland Senility 12. BfRTHPLACE (city or town). (State or country) FATHER Lloyd Green 13. NAME Maryland Neme of operation____None f4. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there an aulopsy? ____ MOTHER 15. MAIDEN NAME Eliza Grim 23. If death was due to external causes (VIOLENCE) fili in also the following: Maryland Accident, sulside, or homicide?______ Dete of Injury______ 19 16. BIRTHPLACE (city or town) ___ (State or country) Where did Injury occur?.. (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT Hospital Records (Address) 18. BURIAL, CREMATION, DR REMOVA Manner of Injury Nature of injury 24. Wes disease or 19. UNDERTAKE (Address) If so, specify 20. FILED May (Signed

TION S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. . Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. . State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUREAU V S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 055

1. PLACE OF DEATH				
County Anne Arund	lel	Registration Dist. No. 2		
Village or City Crowns	villeState Hosp	itend. St.	Ward	
	(1)	If death occurred in a hospital or institution, give its NAME instead of street and	number)	
Length of residence in city or town where d		s. 20 ds. How long in U.S. if of foreign birth?yrsm	osds	
	ouise B. Wheele	r		
(a) Residence: No. Baltimo	re City (Usualplace of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH		
female 4. color or RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH May 10th (Month) (Day)	, 193 31	
5a. If married, widowed, or divorced				
(or) WIFE of John J. Wh	eeler	April 20 19 31 to May 10th	deceased from	
B. DATE OF BIRTH (month, day, and year)	1882	Hast saw her elive on May 10th 1931	death is said	
AGE Years Months	Days If LESS than	to have occurred on the date slated above, at 7 P _m.		
49 unknow	1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:		
9 Tende conferming on continutes		Carcinoma of the stomach	Data of onset	
kind of work done, as SPINNER, HO SAWYER, BDDKKEEPER, etc.	usekeeping			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			-	
10. Date deceased last worked at	11. Total time (years)			
this occupation (month and year)	? spent in this occupation	Other Contributary Causes of Importance:		
	Jersey	Involution Melancholia	?	
(State or country)				
13. NAME LOUIS B				
14. BIRTHPLACE (city or town)	w-York-	Name of operation URERO None Date of What test confirmed diagnosis? ————— Was there an autopsy?		
15. MAIDEN NAME Sarah	Talbert	23. If death was due to external causes (VIDLENCE) fill in also the following		
15. MAIDEN NAME Sarah 16. BIRTHPLACE (city or town)	mont	Accident, suicide, or homicide? Date of injury	, 19	
E (State or country)		Where did injury occur?(Specify city or town, county and Sta		
17. INFORMANT Hospital Rec		Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.	
	le, Maryland			
18. BURIAL, CREMATION, OR REMOVAL	Date 5/3/ 198/	Manner of Injury		
On v	TO 10.00 0	Nature of injury		
19. UNDERTAKER HAD CRANGE (Address)	offillan Ball	24. Was disease or injury in any way related to occupation or deceased?		
20, FILED 11, 1931 20	-16 c 2	Rd (Stepod) MULA / Mulare	res M.	
20. FILED. 2	Registrar.	(Address) Crownsville, Marvie	2	
If more &	blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	ne	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I ED		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1091	1915	Attack of epilepsy	1 week age
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	PUREAU V.S.	July 5,1927	Peritonitis	3 days ago
	3 .			
Other contributory of	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be

OCCUPA-

Jo

County	E OF DEATH	1 - 1		Registration Dist. No. 2	1
Village	or City Crownsy of residence in city or town where	Ile Sta	te Hospí	No. St.,	Ward
2. FULL	NAME Margare	t Willi	ems	St. A Ward.	
PFR	Westn Sonal and Statist	iniumiglore		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
B. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RED. WIDOWED. D (write the word)	21. DATE OF DEATH May 1 (Month) (Day)	193 (Year)
HILSBAND		Widow		22. I HEREBY CERTIFY, That I ettended	
	RTH (month, day, and year)	nknown		Sept. 6 1930 to May 1	; death is sain
7. AGE	, inchias	11109991	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
9. Industr	rk was done, as SILK MILL,	Domestic	mine (years)	Cerebral Arterio-Sclerosis	?
yea z. BIRTHPLAC	occupation (month and	Spai	pation	Other Contributory Causes of importance:	lufter
13. NAME	•				3-74-6
· (St	PLACE (city or town)ate or country)	?		Name of operation Date of Date of What test confirmed diagnosis? Wes there en a	utopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city er town) (State or country)				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Oate of injury 19. Where did Injury occur? Ospecify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Addres	HOENTER	goord 5-/	2 3/	Manner of ipjury	
9, UNOERTAKI		les ode	Ruph	Nature of injury 24. Was lisease or injury in any way related to occupation of deceased? If so, specify	
O, FILEO M	Cay 2, 1931	and.	Registrar.	(Signed) (Si	d . M. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I FIVE	D	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	77112	
Gollstones	Moy 1,1923	Gastroenteritis	1 year	

N. B.

	05553 CTATE OF MARYLAND
PLACE OF DEATH	STATE OF MARTLAND
County Jame asserdel	CERTIFICATE OF DEATH
	Registration Dist. No. 2/
Village or City Churafoli (No.	St: Ward) (If death occurred line hospital or institution, give its NAME in
2FUEL NAME Charles Celexander	Lecompte Wilson stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Married OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sany 22 1869	1927. to May 27, 193
(Month) (Day) (Year)	that I last saw h Ser alive on Man 20 - 198 f
7 AGE [If LESS than	and that death occurred on the date stated above, at
62 yrs. 7 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION O	100 8400 8600
(a) Trade, profession or Juneau Brusness	Water the state of
(b) General nature of industry	/ 0 h
business, or establishment in Which employed or (employer)	(Duration) yrs. mos de
9 BIRTHPLACE	Contributory Attens dellaroses -
(State or country)	Secondary Cr. Jestes of traff Wife of the Most of the Common description of the Common descripti
10 NAME OF	Mary Mary
FATHER Charles 9. Wilson	(Signed) M. D. M.
S II BIRTHPLACE OF FATHER	
Z (State or country) encepoolis 244.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Francis Jones	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Cambridge Md.	At place of deathyrsmosds. In the Stateyrsmosda
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Where was disease contracted, if not at place of death?
The lease of Welson	Former or usual residence
(Address) Commobile 244,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed May 28 1923/ Frys C. Fry a Em	20 UNDERTAKER ADDRESS
Registrar	John 24. Lengtor Churchole
If more bianks are needed, address State Registras	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of r," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cereprospinal fever (the only definite synonym is "Epidemic erectrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Chronic interstitial nephritis, approved by Committee on Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County anne arundel	Registration Dist. No. 26
Village or City Leale, had	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Baby losy) hard	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Lucite 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Lucye.	21. DATE OF DEATH May /8 , 193 [(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) may 18, 1931	I last saw h alive on, 19; deeth is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, es SPINNER, 2004	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this excuraction (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Deale well (State or country)	Other Contributory Causes of importance:
13. NAME E during word	
13. NAME Laurend word 14. BIRTHPLACE (city or town) Q. a. County- (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there on autopsy?
15. MAIDEN NAME Culture Lang	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Catherine Larg 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Bryson ford (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place I Surve Oliver Dete May 18, 193/	Manner of injury
19. UNDERTAKER Bryson Arth	24. Wes disease or injury In eny way releted to occupation of deceased?
20. FILED May 18, 1931 Les I Dent his Registrar.	(Signed) Louis C. Hammond M.D. (Address) Lothean, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREAUVS.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

M ÷ &	PLACE OF DEATH	STATE OF MARYLAND
EX EX	County CC-C	CERTIFICATE OF DEATH
fled,	CT 111 To	Registration Dist. No.
CORI EXAC clas cate.	Village or City - Margrills (No. 2FULL NAME William Wright	St: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
NT Stated B properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 0 0 × 0	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MAN 24
SER IN	6 DATE OF BIRTH (Month) (Day) (Year)	Hay 15 198/ to May 24, 198/, that I last saw h sevenlive on May 23, 198/
FC IS	7 AGE Syrs. 4 mos. 2 ds. or min.?	and that death occurred on the date stated above, at 3 m. The CAUSE OF DEATH * was as follows:
NK-T Ny suprain ter	a) CCUPATION (a) Trade, profession or Day Laborro (b) General nature of industry	
IN RES	business, or establishment in which employed or (employer)	Contributory Augustian - Chr. Nophy
UNFA UID be F DEA	(State or country) SI Margre 111d 10 NAME OF FATHER WM Wright	(Signed) 9 William Marting M. D.
WITH with attourse ocause ocause	11 BIRTHPLACE OF FATHER (State or country) Margreto / 11d	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother Loffie Walker	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
PLALLY of Inform	13 BIRTHPLACE OF MOTHER (State or Country) Magoffy 11 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
WRITE Feron Item of Clans shoul	(Informant) Mr Lousia Wright	Former or usual residence
W Wery	(Address) P. O. Si Margres	Broad nick Cunt - 5-27. 1921
This	15 Filed May 26 1923/ Joseph C. Jan u Ma	EHBParken 47 Wash-, 8
Z	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and alo (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The materia (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: A ecidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death . (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.